



Republic of Zambia

FORM B

**Strictly Confidential**

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**CENTRAL STATISTICAL OFFICE  
MINISTRY OF LABOUR AND SOCIAL SECURITY  
LABOUR FORCE SURVEY 2012**

Questionnaire No.  of

Ministry of Labour and Social Security  
P.O. Box 32186, Lusaka, Zambia  
Tel No. 225722  
Fax No. 225169  
Email: mlss@mlss.gov.zm

**HOUSEHOLD IDENTIFICATION PARTICULARS**

|                        |                      |  |  |                          |  |  |  |  |                                                                                                   |
|------------------------|----------------------|--|--|--------------------------|--|--|--|--|---------------------------------------------------------------------------------------------------|
| <b>1. Province</b>     |                      |  |  | <b>8. Cluster No</b>     |  |  |  |  | <b>Physical address of household:</b><br>.....<br>.....<br><b>Phone number (If any):</b><br>..... |
| <b>2. District</b>     |                      |  |  | <b>9. SBN</b>            |  |  |  |  |                                                                                                   |
| <b>3. Constituency</b> |                      |  |  | <b>10. HUN</b>           |  |  |  |  |                                                                                                   |
| <b>4. Ward</b>         |                      |  |  | <b>11. HHN</b>           |  |  |  |  |                                                                                                   |
| <b>5. Region</b>       | 1=Rural      2=Urban |  |  | <b>12. Locality Name</b> |  |  |  |  |                                                                                                   |
| <b>6. CSA</b>          |                      |  |  |                          |  |  |  |  |                                                                                                   |
| <b>7. SEA</b>          |                      |  |  |                          |  |  |  |  |                                                                                                   |

**INTERVIEWER VISITS**

**FINAL VISIT**

| INTERVIEWER VISITS         |                      |                      |                        |                      | FINAL VISIT                                                                                                                                                                                                                                                   |                      |
|----------------------------|----------------------|----------------------|------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|                            | Visit                |                      | Next visit planned for |                      | Date (DD/MM/YY)                                                                                                                                                                                                                                               | <input type="text"/> |
| No.                        | Date (DD/MM/YY)      | Time (HH : MM)       | Date (DD/MM/YY)        | Time (HH : MM)       | Starting Time (HH=MM)                                                                                                                                                                                                                                         | <input type="text"/> |
| 1                          | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | Ending Time (HH=MM)                                                                                                                                                                                                                                           | <input type="text"/> |
| 2                          | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | Interview Result Code*                                                                                                                                                                                                                                        | <input type="text"/> |
| 3                          | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <b>(*) Result codes</b><br>1 = Completed<br>2 = Partially Completed<br>3 = No knowledgeable respondent<br>4 = Entire household absent for extended period of time<br>5 = Refused<br>6 = Dwelling Vacant<br>7 = Dwelling destroyed<br>8 = Other (specify)..... |                      |
| FIELD STAFF                |                      |                      |                        |                      |                                                                                                                                                                                                                                                               |                      |
|                            | Interviewer          | Supervisor           | Data coding officer    | Data entry officer   |                                                                                                                                                                                                                                                               |                      |
| <b>Date</b>                | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> |                                                                                                                                                                                                                                                               |                      |
| <b>Name</b>                | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> |                                                                                                                                                                                                                                                               |                      |
| <b>Signature</b>           | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> |                                                                                                                                                                                                                                                               |                      |
| <b>Supervisor Remarks:</b> |                      |                      |                        |                      | <b>Total number of persons aged 15 years and above in the household</b><br><input type="text"/>                                                                                                                                                               |                      |

| SECTION A                                                                                                             |                                                                                                                                                                                                          |                                                      |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| DEMOGRAPHIC CHARACTERISTICS<br>THESE QUESTIONS SHOULD BE ADDRESSED TO THE MOST KNOWLEDGEABLE MEMBER OF THE HOUSEHOLD. |                                                                                                                                                                                                          |                                                      |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                              |
| Person Number                                                                                                         | Can you please provide the names of all persons who are usual members of this household, beginning with the Head of the Household?<br><i>(Including those who are temporarily absent for any reason)</i> | Is ..... Male or Female?<br><br>1. Male<br>2. Female | How old was ..... at (his/her) last birthday?<br><i>Enter age in completed years.</i><br><br>IF LESS THAN 1 YEAR<br>ENTER '00'. IF AGED 90 YEARS OR ABOVE<br>ENTER 90. | What is ..... 's relationship to the head of the household?<br><br>01. Head<br>02. Spouse (Husband/Wife)<br>03. Son/ Daughter<br>04. Step Child<br>05. Brother/Sister<br>06. Brother/Sister in-law<br>07. Grandchild<br>08. Nephew/Niece<br>09. Cousin<br><br>10. Parent<br>11. Father/Mother -in-law<br>12. Uncle/aunt<br>13. Grand Parent<br>14. Son/Daughter-in-law<br>15. Other Relative<br>16. Non relative<br>17 Domestic worker | For Persons aged 12 years and above                                                                                                          |
|                                                                                                                       |                                                                                                                                                                                                          |                                                      |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                        | What is ..... 's current marital status?<br><br>1. Never married<br>2. Cohabiting<br>3. Married<br>4. Separated<br>5. Divorced<br>6. Widowed |
| PN                                                                                                                    | A1                                                                                                                                                                                                       | A2                                                   | A3                                                                                                                                                                     | A4                                                                                                                                                                                                                                                                                                                                                                                                                                     | A5                                                                                                                                           |
| 01                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 02                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 03                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 04                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 05                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 06                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 07                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 08                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 09                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 10                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 11                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 12                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 13                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |
| 14                                                                                                                    |                                                                                                                                                                                                          | <input type="checkbox"/>                             | <input type="text"/>                                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                     |

| SECTION A DEMOGRAPHIC CHARACTERISTICS CONTINUED |                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                                                                                                              |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person Number                                   | <b>READ:</b><br><b>Now I am going to ask you some questions on disability about household members aged 5 years and above</b>                                                                                       |                                                                                                                                                                                                                       |                                                                                                                                                                                                              |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |
|                                                 | <b>Does..... have difficulty seeing, even if wearing glasses?</b><br><br>(For permanent condition)<br><br>1= no, no difficulty<br>2= Yes, Some difficulty<br>3= Yes, a lot of difficulty<br>4= Cannot do it at all | <b>Does..... have difficulty hearing, even if using hearing aid?</b><br><br>(For permanent condition)<br><br>1= no, no difficulty<br>2= Yes, Some difficulty<br>3= Yes, a lot of difficulty<br>4= Cannot do it at all | <b>Does..... have difficulty walking or climbing steps?</b><br><br>(For permanent condition)<br><br>1= no, no difficulty<br>2= Yes, Some difficulty<br>3= Yes, a lot of difficulty<br>4= Cannot do it at all | <b>Does..... have difficulty remembering or concentrating?</b><br><br>(For permanent condition)<br><br>1= no, no difficulty<br>2= Yes, Some difficulty<br>3= Yes, a lot of difficulty<br>4= Cannot do it at all | <b>Does.....have difficulty with self-care such as (washing all over or dressing)?</b><br><br>(For permanent condition)<br><br>1= no, no difficulty<br>2= Yes, Some difficulty<br>3= Yes, a lot of difficulty<br>4= Cannot do it at all | <b>Does..... have difficulty communicating for example understanding or being understood by others?</b><br><br>(For permanent condition)<br><br>1= no, no difficulty<br>2= Yes, Some difficulty<br>3= Yes, a lot of difficulty<br>4= Cannot do it at all |
| PN                                              | A6                                                                                                                                                                                                                 | A7                                                                                                                                                                                                                    | A8                                                                                                                                                                                                           | A9                                                                                                                                                                                                              | A10                                                                                                                                                                                                                                     | A11                                                                                                                                                                                                                                                      |
| 01                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 02                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 03                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 04                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 05                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 06                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 07                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 08                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 09                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 10                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 11                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 12                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 13                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |
| 14                                              | <input type="checkbox"/>                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                 |

| SECTION B EDUCATION AND LITERACY<br>For persons aged 5 years and above |                                                                  |                                                           |                                                                                                                      |                                                                                                                                        |                                                                                                                           |                                                                                                                                     |                                                                                                                                                           |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person number                                                          | Can ..... read and write in any language?<br><br>1. Yes<br>2. No | Has ..... ever attended school?<br><br>1.Yes<br>2.No >>B9 | What is the highest level of education that ..... has successfully completed ?<br><br><i>See codes in the manual</i> | What is the field of study for the highest professional qualification..... completed?<br><br>(Only those with tertiary qualification.) | Is ..... currently attending school?<br><br>1.Yes<br>2.No >>B7<br><br><i>IF NO FOR GRADE "00" in B3 SKIP TO SECTION C</i> | What grade/level is ..... currently attending?<br><br><i>See codes in the manual</i><br><br><i>FOR GRADE "00" SKIP TO SECTION C</i> | At what age did .... begin primary school?<br><br>(Age in completed years)<br><br><i>IF YES IN B5 ENTER NUMBER OF YEARS; 5-14 YEARS SKIP TO SECTION C</i> | At what age did ... leave school?<br><br>(Age in completed years) | What is/was the main reason ..... is/was not attending or never attended school?<br><br>01.Under age<br>02. Differently abled (Disabled )<br>03.Illness<br>04. School is too far.<br>05.Cannot afford school cost<br>06.Family does not allow schooling<br>07.Not interested in school<br>08.School not considered valuable<br>09.School environment not conducive<br>10.Help at home with household chores<br>11.Completed school<br>12. Other ... ( Specify) |
| PN                                                                     | B1                                                               | B2                                                        | B3                                                                                                                   | B4                                                                                                                                     | B5                                                                                                                        | B6                                                                                                                                  | B7                                                                                                                                                        | B8                                                                | B9                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 01                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 02                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 03                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 04                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 05                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 06                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 07                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 08                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 09                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 10                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 11                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 13                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 14                                                                     | <input type="checkbox"/>                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                                                                                             | <input type="checkbox"/>                                                                                                               | <input type="checkbox"/>                                                                                                  | <input type="checkbox"/>                                                                                                            | <input type="checkbox"/>                                                                                                                                  | <input type="checkbox"/>                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| SECTION B SKILLS TRAINING FOR ALL HOUSEHOLD MEMBERS AGED 15 YEARS AND ABOVE |                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                                                                                                                                              |                                                                                                                                                                                                                                                            |                          |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Now, I am going to ask you question on skills training                      |                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                                                                                                                                              |                                                                                                                                                                                                                                                            |                          |
| Person number                                                               | Has ..... ever received any skills training?<br>(restrict to crafts training)<br><br>1.Yes<br>2.No>>Section C | How did ..... acquire this training?<br><br>1. On the Job<br>2. At Government/Public learning institution<br>3. At private learning institution<br>4. Apprenticeship<br>5. Other.....Specify | The last time.....received training, how long did it last?<br><br>1. Less than 3 months<br>2. 3months but less than 6 months<br>3. 6 months but less than 1 year<br>4. 1 year but less than 3 years<br>5. 3 years and above | The last time ..... was trained in what field was he/she trained?<br><br>ENTER THE FIELD TRAINING IN THE SPACE PROVIDED<br><br>GET THE CODES FROM THE MANUAL | Has..... been able to apply this/these skills in any way possible?<br><br>1.Yes, Wage employment<br>2.Yes, Own business/Self employed agric<br>3.Yes, Own business/Self employed non-agric<br>4.No benefit at all/Still unemployed<br>5. benefit household |                          |
| PN                                                                          | B10                                                                                                           | B11                                                                                                                                                                                          | B12                                                                                                                                                                                                                         | B13                                                                                                                                                          | B14                                                                                                                                                                                                                                                        |                          |
| 01                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 02                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 03                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 04                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 05                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 06                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 07                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 08                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 09                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 10                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 11                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 12                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 13                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |
| 14                                                                          | <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                       | <input type="checkbox"/> |

| SECTION C     | ECONOMIC ACTIVITY IDENTIFICATION: THIS SECTION COVERS WORK RELATED ACTIVITIES IN THE LAST 7 DAYS FOR ALL HOUSEHOLD MEMBERS AGED 5 YEARS OR OLDER<br>Now, I am going to ask some questions about economic activities in the last 7 days for each household member aged 5 years and above                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person number | <b>What was ..... doing most of the time in the last 7 days?</b><br>01.In paid employment/Business >> <b>Section D</b><br>02.In paid employment but temporarily not working due to Illness, leave, Industrial dispute or on Study leave>> <b>Section D</b><br>03.Working Without Pay>> <b>Section D</b><br>04.Not working but looking for work /business<br>05.Not working & not looking for work, but Available for work/business<br>06.Housewife/Homemaker<br>07.Retired<br>08.In School<br>09.Too old to work >> <b>Section G</b><br>10. Not working, not looking for work & not available for work for other reasons>> <b>Section G</b><br>11. Too young to work>> <b>Section I</b> | <b>Did ..... do any work for at least 1 hour in the last 7 days for which he/she was paid in cash or kind?</b><br><br>1.Yes>> <b>Section D</b><br>2.No | <b>During the past 7 days, did ..... do any of the activities for household use only such as:</b><br><br><b>READ</b><br>a. Construction of own house<br>b. Major repair work on own house<br>c. Raise livestock or chicken,<br>d. Grow crops/ vegetables,<br>e. caught any fish,<br>f. Hunt,<br>g. Collect other food,<br>h. Fetch water<br>i. Collect firewood,<br>j. Produce clothing, basket or mat, furniture, clay pots or other products for household use<br><br>1.Yes<br>2. No. >> <b>Section G for 15 yrs or older</b><br><b>If age is 5-14 Section I</b> |
| PN            | C1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C2                                                                                                                                                     | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 01            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 02            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 03            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 04            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 05            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 06            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 07            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 08            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 09            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 10            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 11            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 12            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 13            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 14            | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                   | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| SECTION D EMPLOYMENT FOR PERSONS AGED 5 YEARS AND ABOVE                                                                   |                                                                                                                                      |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I am now going to ask you questions about Employment for all household members aged 5 years and above in the last 7 days. |                                                                                                                                      |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                     |
| Person number                                                                                                             | What kind of work does ..... usually do in the main job/ business that he/she had in the last seven days?<br><br>WRITE THE JOB TITLE | What are ...'s main tasks or duties in this job/activity?<br><br>WRITE A SHORT DESCRIPTION OF THE MAIN TASKS OR DUTIES.<br>(WRITE DOWN THE OCCUPATION CODE IN THE BOX)<br><br><i>Examples: Drive a taxi, teach children, cook and sell food on the market</i> | What kind of business /activity is mainly carried out by ...'s employer/establishment?<br><br>(WRITE DOWN THE DESCRIPTION OF THE ECONOMIC ACTIVITY)<br>(WRITE DOWN THE ECONOMIC ACTIVITY CODE IN THE BOX)<br><br><i>Example: Passenger road transport , Retail trade in grocery</i> |
| PN                                                                                                                        | D1                                                                                                                                   | D2                                                                                                                                                                                                                                                            | D3                                                                                                                                                                                                                                                                                  |
| 01                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 02                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 03                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 04                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 05                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 06                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 07                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 08                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 09                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 10                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 11                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 12                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 13                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |
| 14                                                                                                                        | _____                                                                                                                                | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                            | <div><div></div><div></div><div></div><div></div><div></div></div>                                                                                                                                                                                                                  |

| SECTION D EMPLOYMENT FOR PERSONS AGED 5 YEARS AND ABOVE (continued) |                                                                                                         |                                                                                                                                                                      |                                                                                                                                                                     |                                                                                         |                                                                                                       |                                                                                                                              |                                                                                       |                                                                                                 |                                                                                                                                                |                                                                                                                                                  |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Person number                                                       | At what age did ..... start to work for the first time in his/her life?<br><br>(age in completed years) | What is .....’s employment status?<br><br>1. A paid employee<br>2. Apprentice & intern<br>3. An employer<br>4. Self employed<br>5. Unpaid family worker<br><br>→ D14 | For paid employees and apprentices only (D5=1 or 2)                                                                                                                 |                                                                                         |                                                                                                       |                                                                                                                              |                                                                                       |                                                                                                 |                                                                                                                                                |                                                                                                                                                  |
|                                                                     |                                                                                                         |                                                                                                                                                                      | Does the employer contribute to any social security scheme for ..... ?<br><br>(Eg NAPSA ,Workers Compensation, Pensions, etc.)<br><br>1.Yes<br>2.No<br>9.Don't Know | Is ... entitled to paid leave in his/her main job?<br><br>1.Yes<br>2.No<br>9.Don't Know | Is ... entitled to paid sick leave in case of illness or injury?<br><br>1.Yes<br>2.No<br>9.Don't Know | FOR FEMALES ONLY.<br><br>Is ..... entitled to paid maternity leave in case of pregnancy?<br><br>.Yes<br>2.No<br>9.Don't Know | On this job, is ... a member of any trade union?<br><br>1.Yes<br>2.No<br>9.Don't Know | Does ...’s employer deduct income tax from his/her salary?<br><br>1.Yes<br>2.No<br>9.Don't Know | Is ... employed on the basis of a written contract or an oral agreement?<br><br>1. A written contract<br>2. An oral agreement<br>9. Don't Know | Is ....’s work....?<br><br>READ<br>1.Permanent<br>2.Fixed period contract<br>3. Temporary/casual<br>4. Part-time<br>5. Seasonal<br>9. Don't know |
|                                                                     |                                                                                                         |                                                                                                                                                                      | D6                                                                                                                                                                  | D7                                                                                      | D8                                                                                                    | D9                                                                                                                           | D10                                                                                   | D11                                                                                             | D12                                                                                                                                            | D13                                                                                                                                              |
| PN                                                                  | D4                                                                                                      | D5                                                                                                                                                                   | D6                                                                                                                                                                  | D7                                                                                      | D8                                                                                                    | D9                                                                                                                           | D10                                                                                   | D11                                                                                             | D12                                                                                                                                            | D13                                                                                                                                              |
| 01                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 02                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 03                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 04                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 05                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 06                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 07                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 08                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 09                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 10                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 11                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 12                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 13                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |
| 14                                                                  | <input type="text"/>                                                                                    | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                     | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                        | <input type="checkbox"/>                                                                                                                       | <input type="checkbox"/>                                                                                                                         |

| SECTION D     | EMPLOYMENT FOR PERSONS AGED 5 YEARS AND ABOVE (continued)                                                                                                                                                                                                                                                                             |                                                                                                                                                                              |                                                                                                                                   |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                        |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person number | Does ... work in...?<br><br>READ<br>1. Central Government >>D18<br>2. Local Government / Council >>D18<br>3. Parastatal/State Owned Firm >>D18<br>4. NGO or Church<br>5. Private business or farm<br>6. Embassy, International Organization >>D18<br>7. Private Household (eg: Paid/unpaid worker) >>D16<br>8. Producers co-operative | Is the business where ... works registered with ....?<br><br>1. Registrar of societies<br>2. Registered with PACRA and ZRA<br>3. Not registered with either<br>9. Don't know | How many persons, including ..., work at this place of work?<br><br>1. 4 and below<br>2. 5-24<br>3. 25 and above<br>9. Don't know | Where does ..... mainly undertake his/her work?<br><br>1. Fixed business premises<br>2. At a market<br>3. By the road side<br>4. No fixed location<br>5. At home<br>6. Other.....(Specify) | How long has ... worked for this employer/ in this business or activity?<br><br>1. less than 3 months<br>2. 3 months to 5 months<br>3. 6 months to 11 months<br>4. 1 year to less than 3 years<br>5. 3 years to less than 5 years<br>6. 5 years to less than 10 years<br>7. 10 years or more | In addition to this job/activity, in the last 7 days, did ... have any other job or business activity even if only for 1 hour?<br><br>1. Yes<br>2. No<br>9. Don't Know |
| PN            | D14                                                                                                                                                                                                                                                                                                                                   | D15                                                                                                                                                                          | D16                                                                                                                               | D17                                                                                                                                                                                        | D18                                                                                                                                                                                                                                                                                          | D19                                                                                                                                                                    |
| 01            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
| 02            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
| 03            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
| 04            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
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| 06            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
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| 09            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
| 10            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
| 11            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
| 12            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
| 13            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |
| 14            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                     | <input type="checkbox"/>                                                                                                          | <input type="checkbox"/>                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                               |

| <b>HOURS OF WORK AND UNDEREMPLOYMENT FOR EMPLOYED PERSONS AGED 5 YEARS AND ABOVE</b><br>The next questions are about the hours that you worked in your main and second job, if any... |                                                                                                       |                          |                                                                         |                          |                                                                                                                                                 |                                                                                                                                                    |                                                                                                   |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SECTION E                                                                                                                                                                             | How many days per week does ...usually work in his/her job?<br><br><i>Record number of days (1-7)</i> |                          | How many hours per day on average does ... usually work in his/her job? |                          | During the last 7 days when did .....usually carry out these activities?<br><br>1. During the day<br>2. At night<br>3. Both the day & the night | In the last 7 days, would ... have liked to work more hours than he/she worked, provided the extra hours had been paid?<br><br>1.Yes<br>2.No >> E6 | How many additional hours could ... have worked in the last 7 days?<br><br>Enter the no. of hours | Would ... like to change his/ her current job/business?<br><br>1.Yes<br>2.No>> Sec F | What is the main reason ... would like to change his/her job/business?<br><br>1. Present job is temporary<br>2. Fear of losing present job<br>3. To work more hours (paid at the same rate)<br>4. To have a better paid job/activity (higher pay per hour)<br>5. To work less hours (with a reduction in pay)<br>6. To make better use of skills<br>7. To improve other working conditions<br>8. Other (specify) | In the last 30 days, did ... look for another job/activity to replace his/her current one(s)?<br><br>1.Yes<br>2.No>> sec F | What did ... do to find another job/activity?<br><br>1. Registered at a public exchange<br>2. Registered at a private employment centre<br>3. Applied to current or other employers<br>4. Sought assistance from friends or relatives<br>5. Checked at current or other work sites, farms, factory gates, markets, etc<br>6. Placed or answered to job advertisements<br>7. Looked for land, building, machinery, equipment to establish or improve his/her own enterprise<br>8. Arranged for initial or additional financial resources<br>9. Other.....Specify |
|                                                                                                                                                                                       | Main job                                                                                              | Second job               | Main job                                                                | Second job               |                                                                                                                                                 |                                                                                                                                                    |                                                                                                   |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| PN                                                                                                                                                                                    | E1a                                                                                                   | E1b                      | E2a                                                                     | E2b                      | E3                                                                                                                                              | E4                                                                                                                                                 | E5                                                                                                | E6                                                                                   | E7                                                                                                                                                                                                                                                                                                                                                                                                               | E8                                                                                                                         | E9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 01                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 02                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 03                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 04                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 06                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 07                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 08                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 09                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 10                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 11                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 14                                                                                                                                                                                    | <input type="checkbox"/>                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                                                                           | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| <b>SECTION F PART A</b><br><b>INCOME FROM PAID EMPLOYMENT</b><br><b>For employed persons aged 5 years and above.</b><br><b>Ask questions FA1 to FA8 if a respondent is in paid employment in their main job (codes 1 'paid employee' and 2 'apprentice / intern' in D5). Otherwise, use Section F Part B</b><br><b>Attention: Section F has to be answered by the individual respondent herself / himself, and not by another household member.</b> |                                                                                                                                                                                               |                                                                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |
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| Person number                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>What is the frequency of .....s income/earnings?</b><br><br>1. Monthly>> <b>FA5a</b><br>2. Every two weeks<br>3. Weekly<br>4. Daily>> <b>FA3</b><br>5. Other<br>...(Specify)>> <b>FA4a</b> | <b>How many weeks did ..... work in the last month?</b><br><br>Enter number of weeks worked in the last month<br><br><b>SKIP TO FA4a</b> | <b>How many days did ..... work in the last month?</b><br><br>Enter number of <u>days</u> worked in the last month | <b>The last time ... was paid in his/her main job, how much did he/she receive?</b><br><br>Attention: This refers to the bi- weekly/weekly/daily rate as identified in <b>FA1</b><br>Enter amount in Kwacha<br><br>1. In cash only<br>2. In Kind only<br>3. Paid in cash & in kind<br>4. Don't know<br><br>IF PAID IN KIND, ENTER CODE AND AMOUNT. CONVERT ALL PAYMENTS IN KIND TO CASH. |                      | <b>Last month, in his/her main job, how much was .....paid in total wages/salary, after any deductions for taxes or social security contributions?</b><br><br><i>This comprises regular payment for time worked and work done, pay for overtime, shift-work, commissions, tips, cash allowances, regular cash bonuses and gratuities, and remuneration for time not worked.</i><br><i>For those who are paid on a bi-weekly/weekly/daily or other basis ask for an estimate of total monthly wage/salary</i><br><br>Enter money amount in Zambia Kwacha<br><br>1. In cash only<br>2. In Kind only>> <b>FA8</b><br>3. Paid in cash & in kind<br>4. Don't know<br>IF PAID IN KIND, ENTER CODE ONLY |                      |
| PN                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FA1                                                                                                                                                                                           | FA2                                                                                                                                      | FA3                                                                                                                | FA4a                                                                                                                                                                                                                                                                                                                                                                                     | FA4b                 | FA5a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FA5b                 |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text"/>                                                                                                                                                                          | <input type="text"/>                                                                                                                     | <input type="text"/>                                                                                               | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/> | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/> |
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| 09                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text"/>                                                                                                                                                                          | <input type="text"/>                                                                                                                     | <input type="text"/>                                                                                               | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/> | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/> |
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| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text"/>                                                                                                                                                                          | <input type="text"/>                                                                                                                     | <input type="text"/>                                                                                               | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/> | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/> |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="text"/>                                                                                                                                                                          | <input type="text"/>                                                                                                                     | <input type="text"/>                                                                                               | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/> | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/> |
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| SECTION F<br>PART A                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                               |                      |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| INCOME FROM EMPLOYMENT<br>For employed persons aged 5 years & older |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                               |                      |
| Person<br>number                                                    | Even if you can't say the exact amount, would you say that ....'s monthly wage/salary in his/her main job was.....?                                                                                                                                                                                                                                                                                      | Last month, did ....'s employer provide him/her with any payment in kind?<br><br><b>Examples</b><br>- Housing<br>- Food and/or drinks<br>- Transportation (vehicle, fuel, bus tickets)<br>- Clothing (excluding uniforms & other work equipment)<br>- Goods and Services<br><br>1. Yes<br>2. No<br>9. DON'T KNOW } >> <b>END INTERVIEW FOR AN INDIVIDUAL AND COMPLETE FX ON PAGE 16</b> | If ... had to pay for these goods and services, how much do you think it would have cost in total in the last month?<br><br>Interviewer: Enter amount in Kwacha<br><br>9. Don't know<br><br><b>END INTERVIEW FOR AN INDIVIDUAL AND COMPLETE FX ON PAGE 16</b> |                      |
|                                                                     | <b>READ</b><br>01. Less than K250,000<br>02. K250,000 to less than K500,000<br>03. K500,000 to less than K1 million<br>04. K1m to less than K1.5 million<br>05. K1.5m to less than K2 million<br>06. K2m to less than K3 million<br>07. K3m to less than K5 million<br>08. K5m to less than K10 million<br>09. K10m to less than K20 million<br>10. K20 million or more<br>98. Don't know<br>99. Refused |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                               |                      |
| PN                                                                  | FA6                                                                                                                                                                                                                                                                                                                                                                                                      | FA7                                                                                                                                                                                                                                                                                                                                                                                     | FA8a                                                                                                                                                                                                                                                          | FA8b                 |
| 01                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 02                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 03                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 04                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 05                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 06                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 07                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 08                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 09                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 10                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 11                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 12                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
| 13                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |
|                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                          | <input type="text"/> |

| SECTION F PART B                                                 |                                                                                    |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| For persons whose employment status is employer or self employed |                                                                                    |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |
| Person number                                                    | What type of business is...engaged in?<br>1.Non-agriculture<br>2.Agriculture >>FB8 | Last month, how much were the total sales or your turnover from ..... main business or activity?<br><br>Interviewer: This refers to the gross takings, not the net profit.<br>Enter amount in Kwacha | To run his/her main business or activity, about how much did ..... spend on business expenses such as goods for resale, purchase of raw materials, wages, etc. during the last month?<br><br>Interviewer: This refers to regular business expenditure only.<br>Enter amount in Kwacha | Last month, did ..... take any products from your main business or activity for his/her for the household's own use?<br><br>1. Yes<br>2. No >> FB6 |
| PN                                                               | FB1                                                                                | FB2                                                                                                                                                                                                  | FB3                                                                                                                                                                                                                                                                                   | FB4                                                                                                                                                |
| 01                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 02                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 03                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 04                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 05                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 06                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 07                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 08                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 09                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 10                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 11                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 12                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 13                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |
| 14                                                               | <input type="checkbox"/>                                                           | <input type="text"/>                                                                                                                                                                                 | <input type="text"/>                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                           |

| SECTION F    PART B                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |  |                                                                                                                                                              |                      |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| For persons whose employment status is employer or self employed                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |  |                                                                                                                                                              |                      |                      |
| Person<br>number                                                                                                                                                                                                                                                                                                                                                                                                                                 | If ..... had to purchase those products, how much do you think it would have cost him/her? |  | Last month, how much did ..... make in net profit, from your main business or activity?                                                                      |                      |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Enter amount in Kwacha<br><br>                                                             |  | <i>That is, after considering all the sales and deducting all expenses and household's own use.</i><br><br>ENTER AMOUNT IN KWACHA<br><br>09. Don't know>>FB7 |                      |                      |
| Even if you can't say the exact amount, would you say that ....'s made net profit of.....?                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |  |                                                                                                                                                              |                      |                      |
| 01. Less than K250,000<br>02. K250,000 to less than K500,000<br>03. K500,000 to less than K1 million<br>04. K1m to less than K1.5 million<br>05. K1.5m to less than K2 million<br>06. K2m to less than K3 million<br>07. K3m to less than K5 million<br>08. K5m to less than K10 million<br>09. K10m to less than K20 million<br>10. K20 million or more<br>98. Don't know<br><br><b>END INTERVIEW FOR AN INDIVIDUAL</b><br><b>And answer FX</b> |                                                                                            |  |                                                                                                                                                              |                      |                      |
| PN                                                                                                                                                                                                                                                                                                                                                                                                                                               | FB5                                                                                        |  | FB6a                                                                                                                                                         | FB6b                 | FB7                  |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 02                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 03                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 04                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 05                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 06                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 07                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 08                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 09                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="text"/>                                                                       |  | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/> |

**SECTION F PART B continued**

For persons whose employment status is employer or and self employed

| Person number | Did ..... sell any products from your farm or plot from 1 <sup>st</sup> October 2011 to 30 <sup>th</sup> September 2012 agricultural season?<br><br>1. Yes<br>2. No >> END INTERVIEW AND ANSWER FX | How much income did ..... earn from those sales during the 1 <sup>st</sup> October 2011 to 30 <sup>th</sup> September 2012 agricultural season?<br><br><i>Interviewer: record the total sum of sales over 12 months in Zambian Kwacha.</i> | Did ..... use any of the products from your farm or plot for own consumption during the 2011/ 2012 agricultural season?<br><br>1. Yes<br>2. No >> FB12 | If ..... had bought those products on the market, how much would you have paid for them?<br><br><i>Interviewer: Record the total value of own consumption over the past 12 months in Zambian Kwacha.</i> |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PN            | FB8                                                                                                                                                                                                | FB9                                                                                                                                                                                                                                        | FB10                                                                                                                                                   | FB11                                                                                                                                                                                                     |
| 01            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 02            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 03            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 04            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 05            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 06            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 07            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 08            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 09            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 10            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 11            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 12            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 13            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |
| 14            | <input type="checkbox"/>                                                                                                                                                                           | <input type="text"/>                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                               | <input type="text"/>                                                                                                                                                                                     |

| SECTION F PART B continued                                           |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Complete after Section F.                                                                                                                          |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| For persons whose employment status is employer or and self employed |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| Person number                                                        | <p>How much did ..... spend on inputs such as fertilizer, pesticides, transport of goods to the market and wages for people who helped on your farm or plot?</p> <p>Interviewer: Record the total sum of expenses over 12 months in <u>Zambian Kwacha</u></p> | <p>How much net income did ..... earn from those sales during the last 12 months?</p> <p>Interviewer: Record the total sum of sales over 12 months minus all the expenses and own consumption in <u>Zambian Kwacha</u>.</p> | <p>ENTER THE APPROPRIATE CODE FOR THE INCOME GIVEN IN QUESTION FB13</p> <p>01. Less than K250,000<br/>           02. K250,000 to less than K500,000<br/>           03. K500,000 to less than K1 million<br/>           04. K1m to less than K1.5 million<br/>           05. K1.5m to less than K2 million<br/>           06. K2m to less than K3 million<br/>           07. K3m to less than K5 million<br/>           08. K5m to less than K10 million<br/>           09. K10m to less than K20 million<br/>           10. K20 million or more<br/>           98. Don't know</p> <p>END INTERVIEW FOR AN INDIVIDUAL AND ANSWER FX</p> | <p>INTERVIEWER: WHO ANSWERED SECTION F?</p> <p>1. The respondent herself / himself<br/><br/>           2. Other knowledgeable household member</p> |
|                                                                      | PN                                                                                                                                                                                                                                                            | FB12                                                                                                                                                                                                                        | FB13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FB14                                                                                                                                               |
| 01                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 02                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 03                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 04                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 05                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 06                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 07                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 08                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 09                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 10                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 11                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 12                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 13                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 14                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |

| <b>SECTION G</b> <b>UNEMPLOYMENT/JOB SEARCH</b><br>For persons aged <u>15 years and above</u> who did not have a job/business activities in the last 7 days |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person number                                                                                                                                               | In the last 7 days, could ... have started work if a job or a business opportunity had become available?<br><br>1.Yes >> <b>G7</b><br>2.No | What was the main reason ... was not available to start work in the last 7 days?<br><br>1. In school/training<br>2. Family responsibilities / housework<br>3. Pregnancy<br>4. Illness, injury,<br>5. disability<br>6..Retired or too old to work<br>7. No desire to work<br>8. Off-season<br>9. Other..... (Specify) | In the last 30 days, did ... look for a job or try to start a business?<br><br>1.Yes<br>2.No >> <b>G5</b> | What steps did ... take in the last 30 days to find a job or start a business?<br><br>1. Registered at a public exchange<br>2. Registered at a private employment centre<br>3. Applied directly to employers<br>4. Checked at work sites, farms, factory gates, markets, etc<br>5. Contacted friends or relatives<br>6. Placed or answered job advertisements<br>7. Looked for land, building, machinery, equipment, products establish his/her own enterprise<br>8. Sought loans or financial assistance<br>9. Other.....(Specify) | What was the main reason ... did not seek work or try to start a business in the last 30 days?<br>01. Found work, but waiting to start<br>02. Awaiting replies to earlier inquiries<br>03. Waiting for the season<br>04. In school/training<br>05. Family responsibilities / housework<br>06. Pregnancy,<br>07. illness, injury,<br>08. disability<br>09. Does not know where/how to look for work<br>10. Lacks employers requirements (skills, experience, education)<br>11. Lacks financial resources, access to land/business facilities, agricultural inputs, etc, to start own business<br>12. No jobs available in the area<br>13. Too old to work<br>14. Other.....Specify | In the last 12 months, did ... do anything to look for work or to start a business?<br><br>1. Yes<br>2. No | How long has ... been without work and trying to find a job or start a business?<br><br>1. Less than 3 months<br>2. 3 mo. to <6 months<br>3. 6 mo to < 9 months<br>4. 9 mo. to < 12months<br>5. 1 year to < 2 years<br>6. 2 years to < 3 years<br>7. 3 years to < 5 years<br>8. 5 years or more |
| PN                                                                                                                                                          | G1                                                                                                                                         | G2                                                                                                                                                                                                                                                                                                                   | G3                                                                                                        | G4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | G5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G6                                                                                                         | G7                                                                                                                                                                                                                                                                                              |
| 01                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 02                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 03                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 04                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 05                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 06                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 07                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 08                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 09                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 10                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 11                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 12                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 13                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |
| 14                                                                                                                                                          | <input type="checkbox"/>                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                        |

| SECTION H PREVIOUS WORK EXPERIENCE<br>For persons aged 15 years and over who did not have a job/business activities in the last 7 days |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person number                                                                                                                          | Has..... ever worked for a wage or salary, or for other income in cash or in kind (including income obtained from his/her own or a family business or farm)?<br><br>1. Yes<br>2. No>> <b>END INTERVIEW FOR AN INDIVIDUAL</b> | For how long did ..... work for his/her previous job?<br><br>1. less than 3 months<br>2. 3 months to 5 months<br>3. 6 months to 11 months<br>4. 1 year to less than 3 years<br>5. 3 years to less than 5 years<br>6. 5 years to less than 10 years<br>7. 10 years or more | How long ago did ... stop working in his/her last job or business activity?<br><br>1. Less than 3 months<br>2. 3 mo. but less than 6 months<br>3. 6 mo. but less than 1 year<br>4. 1 year but less than 3 years<br>5. 3 years to less than 5 years<br>6. 5 years or more | What was the main reason why ... stopped working in his/her last job or business activity?<br><br>1.Became a student<br>2.Poor working conditions<br>3.Laid off/Retrenched<br>4. Dismissed<br>5.Job/Contract completed<br>6.Wanted to establish own business<br>7.Wanted paid employment<br>8.Business was unprofitable<br>9. Other (Specify) |
| PN                                                                                                                                     | H1                                                                                                                                                                                                                           | H2                                                                                                                                                                                                                                                                        | H3                                                                                                                                                                                                                                                                       | H4                                                                                                                                                                                                                                                                                                                                            |
| 01                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 02                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 03                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 04                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 05                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 06                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 07                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 08                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 09                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 10                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 11                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 12                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 13                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| 14                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |

| SECTION I        |                                                                                                                                                                                                                                                                                                                                                        |  | HOUSEHOLD CHORES<br>For persons aged 5 – 17 years                        |  |  |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|--|
| Person<br>number | During the last 7 days did ..... do any of the tasks indicated below?                                                                                                                                                                                                                                                                                  |  | Total hours spent last 7 days on any of these activities                 |  |  |
|                  | *INTERVIEWER TO READ ENTIRE LIST.<br>- Cooking/serving food for your household<br>- Cleaning utensils/ cleaning the house/ washing clothes<br>- Doing minor household repairs<br>- Caring for the old/sick/infirm<br>- Looking after children (e.g. feeding, child care, taking to school)<br>- Shopping for the household<br>- Other household chores |  | ADD UP THE HOURS FOR ALL THE CHORES<br>IF LESS THAN ONE HOUR, ENTER "00" |  |  |
|                  | 1. Yes<br>2. No >> END INTERVIEW                                                                                                                                                                                                                                                                                                                       |  |                                                                          |  |  |
| PN               | I1                                                                                                                                                                                                                                                                                                                                                     |  | I2                                                                       |  |  |
| 01               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 02               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 03               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 04               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 05               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 06               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 07               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 08               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 09               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 10               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 11               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 12               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 13               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |
| 14               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                               |  | <input type="text"/> <input type="text"/>                                |  |  |

| SECTION J WORKING CONDITIONS                                                                               |                                                                                                                                                                                                                                                                     |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                      |                      |                      |                                                                                                                                        |                      |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| For persons aged 15 years and older, and only for their main job or activity in the last <u>one year</u> . |                                                                                                                                                                                                                                                                     |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                      |                      |                      |                                                                                                                                        |                      |
| Person number                                                                                              | How did ..... start working in this job/activity/business/farm?<br><br>1. On my own decision >> J5<br>2. On my own decision, but was misled on the nature of the job or working conditions<br>3. Someone forced me to take up the job<br>4. Other.....(Specify)>>J5 | Who decided for ..... to take up the job/activity/business?<br><br>1. Employer<br>2. Recruiter<br>3. Parents<br>4. Spouse<br>5. Other relatives<br>6. Other.....(Specify) | What would ..... have risked if he/she refused to take the job?<br><br>1. Nothing, but there are few better opportunities of work<br>2. His/her family, including him/her would suffer some violence<br>3. He/she would be blacklisted by other employers in the area<br>4. Other people from .... 's family would lose some benefits ( e.g. Access to land, loan, employment)<br>5. He/she would be without income |                      |                      |                      |                      | Was ..... recruited for this job/Activity?<br><br>1. In this province<br>2. In another province<br>3. Abroad<br>4. Other.....(Specify) |                      |
| PN                                                                                                         | J1                                                                                                                                                                                                                                                                  | J2                                                                                                                                                                        | J3                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                      |                      |                      | J4                                                                                                                                     |                      |
| 01                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 02                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 03                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 04                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 05                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 06                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 07                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 08                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 09                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 10                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 11                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 12                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 13                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |
| 14                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                | <input type="text"/>                                                                                                                                                      | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                                                                                                                   | <input type="text"/> |

| <b>WORKING CONDITIONS.....CONT'D:</b><br><b>For persons aged 15 years and older, and only for their main job or activity in the last <u>one year</u>.</b> |                                                                       |                                                       |                                                             |                                                                                     |                                                                           |                                                                                                   |                                                        |                                                                                |                                                                                                       |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Person<br/>number</b>                                                                                                                                  | <b>In [Name's] main job/activity, was [Name] forced to.....</b>       |                                                       |                                                             |                                                                                     |                                                                           |                                                                                                   |                                                        |                                                                                |                                                                                                       |                                                                                                                  |
|                                                                                                                                                           | Work overtime beyond acceptable limits<br><br><b>1. Yes<br/>2. No</b> | Work without being paid<br><br><b>1.Yes<br/>2. No</b> | Work on call (day and night)<br><br><b>1. Yes<br/>2. No</b> | Perform tasks which are not part of initial agreement?<br><br><b>1.Yes<br/>2.No</b> | Fulfill hazardous tasks without protection<br><br><b>1. Yes<br/>2. No</b> | Work for another employer in addition to <b>(NAME)</b> 's normal job<br><br><b>1.Yes<br/>2.No</b> | Commit illicit activities<br><br><b>1.Yes<br/>2.No</b> | Live in degrading conditions imposed by employer<br><br><b>1.Yes<br/>2. No</b> | Live or work with limited freedom (isolation, confinement, surveillance)<br><br><b>1.Yes<br/>2.No</b> | Stay longer than agreed in the job waiting for due wages or other benefits promised<br><br><b>1.Yes<br/>2.No</b> |
| PN                                                                                                                                                        | J4a                                                                   | J4b                                                   | J4c                                                         | J4d                                                                                 | J4e                                                                       | J4f                                                                                               | J4g                                                    | J4h                                                                            | J4i                                                                                                   | J4j                                                                                                              |
| 01                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 02                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 03                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 04                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 05                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 06                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 07                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 08                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 09                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 10                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 11                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 12                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 13                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |
| 14                                                                                                                                                        | <input type="checkbox"/>                                              | <input type="checkbox"/>                              | <input type="checkbox"/>                                    | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                  | <input type="checkbox"/>                                                                          | <input type="checkbox"/>                               | <input type="checkbox"/>                                                       | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                         |

| SECTION J        |                                                                                                                             | WORKING CONDITIONS.....CONT'D:<br>For employed persons aged 15 years and older, and only for their main job or activity in the last one year. |                                                                                     |                                                         |                                                           |                                           |                               |                                  |
|------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-------------------------------|----------------------------------|
| Person<br>number | Has .....s employer/recruiter ever used any of the following means to force ..... to work/prevent.....from leaving the job? |                                                                                                                                               |                                                                                     |                                                         |                                                           |                                           |                               |                                  |
|                  | Threats and/or<br>physical, sexual or<br>psychological<br>violence                                                          | Restriction of .....s<br>freedom due to<br>isolation, confinement<br>or surveillance                                                          | Debt related<br>to loan taken<br>by ..... or<br>his/her<br>relatives<br>manipulated | Due wages or other<br>benefits promised<br>are withheld | Retention of Id<br>documents or other<br>essential papers | Threats of denunciation<br>to authorities | Threats of dismissal          | Abuse of .....s<br>vulnerability |
|                  | 1. Yes<br>2. No                                                                                                             | 1.Yes<br>2. No                                                                                                                                | 1. Yes<br>2. No                                                                     | 1.Yes<br>2.No                                           | 1. Yes<br>2. No                                           | 1.Yes<br>2.No                             | <sup>b</sup><br>1.Yes<br>2.No | 1.Yes<br>2. No                   |
| PN               | J5a                                                                                                                         | J5b                                                                                                                                           | J5c                                                                                 | J5d                                                     | J5e                                                       | J5f                                       | J5g                           | J5h                              |
| 01               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 02               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 03               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 04               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 05               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 06               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 07               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 08               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 09               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 10               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 11               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 12               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 13               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |
| 14               | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                      | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                | <input type="checkbox"/>                                  | <input type="checkbox"/>                  | <input type="checkbox"/>      | <input type="checkbox"/>         |

**END OF INTERVIEW**

**Thank the respondent**