

**MINISTRY OF PLANNING AND INVESTMENT
GENERAL STATISTICS OFFICE
QUESTIONNAIRE OF LABOUR FORCE SURVEY 2013**

ALL INFORMATION
HEREIN WILL BE KEPT
STRICTLY CONFIDENTIAL

IDENTIFICATION					
PROVINCE/CITY: _____ <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>					
DISTRICT/QUARTER: _____					
COMMUNE/WARD: _____					
ENUMERATION AREA NUMBER: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>					
ENUMERATION AREA NAME: _____					
HOUSEHOLD NUMBER: _____ <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>					
HEAD OF HOUSEHOLD NAME: _____					
NUMBER OF USUAL RESIDENTS IN THE HOUSEHOLD: <input style="width: 30px; height: 20px;" type="text"/>					
OF WHICH, FEMALE: <input style="width: 30px; height: 20px;" type="text"/>					
TOTAL MALE AGED 15 AND OVER: <input style="width: 30px; height: 20px;" type="text"/>					
TOTAL FEMALE AGED 15 AND OVER: <input style="width: 30px; height: 20px;" type="text"/>					
TOTAL EMPLOYED <input style="width: 30px; height: 20px;" type="text"/>					
TOTAL UNEMPLOYED: <input style="width: 30px; height: 20px;" type="text"/>					
INTERVIEWED RESULTS					
SAMPLE DIGITS TO FILL INTO BOX <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 0 <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 1 <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 2 <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 3 <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 4 <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 5 <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 6 <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 7 <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 8 <input style="width: 30px; height: 25px; border: 1px solid black; text-align: center; font-size: 1.2em;"/> 9					
PLACE "X" INTO THE SMALL BOX TO INDICATE THE APPROPRIATE ANSWER <input style="width: 20px; height: 15px; border: 1px solid black; text-align: center; font-size: 0.8em;"/> X					
	DATE OF INTERVIEW	RESULT (*)	HOUR/DAY TO COMEBACK	SIGNATURE OF INTERVIEWER	SIGNATURE OF HEAD
THE 1 ST	_____	<input style="width: 30px; height: 20px;" type="text"/>	_____	_____	_____
THE 2 ND	_____	<input style="width: 30px; height: 20px;" type="text"/>	_____	_____	_____
THE 3 RD	_____	<input style="width: 30px; height: 20px;" type="text"/>	_____	_____	_____
(*) CODE OF RESULT: 1 = COMPLETED 2 = PARTLY COMPLETED 3 = REFUSED/ABSENT/NOT TO BE RESPONDENT/NOBODY TO ANSWER 4 = DWELLING DESTROYED/DWELLING NOT FOUND 5 = OTHER _____ (SPECIFY)					
THIS IS THE <input style="width: 30px; height: 20px;" type="text"/> SET OF <input style="width: 30px; height: 20px;" type="text"/> TOTAL SET(S)					

PART 1: INFORMATION ABOUT HOUSEHOLD

ORDER NO QUESTIONS	NUMBER.....	NUMBER.....	NUMBER.....	NUMBER.....	NUMBER.....	NUMBER.....
1. Please let me know the full name of each person usually residing in the household, starting with the head of household?	_____	_____	_____	_____	_____	_____
2. What is [NAME]'s relationship to the household head?	<input type="checkbox"/> H.H HEAD1 <input type="checkbox"/> SPOUSE2 <input type="checkbox"/> NATURAL CHILD.....3 <input type="checkbox"/> PARENTS4 <input type="checkbox"/> OTHERS5	<input type="checkbox"/> H.H HEAD1 <input type="checkbox"/> SPOUSE2 <input type="checkbox"/> NATURAL CHILD.....3 <input type="checkbox"/> PARENTS4 <input type="checkbox"/> OTHERS5	<input type="checkbox"/> H.H HEAD1 <input type="checkbox"/> SPOUSE2 <input type="checkbox"/> NATURAL CHILD.....3 <input type="checkbox"/> PARENTS4 <input type="checkbox"/> OTHERS5	<input type="checkbox"/> H.H HEAD1 <input type="checkbox"/> SPOUSE2 <input type="checkbox"/> NATURAL CHILD.....3 <input type="checkbox"/> PARENTS4 <input type="checkbox"/> OTHERS5	<input type="checkbox"/> H.H HEAD1 <input type="checkbox"/> SPOUSE2 <input type="checkbox"/> NATURAL CHILD.....3 <input type="checkbox"/> PARENTS4 <input type="checkbox"/> OTHERS5	<input type="checkbox"/> H.H HEAD1 <input type="checkbox"/> SPOUSE2 <input type="checkbox"/> NATURAL CHILD.....3 <input type="checkbox"/> PARENTS4 <input type="checkbox"/> OTHERS5
3. Is [NAME] male or female?	<input type="checkbox"/> MALE1 <input type="checkbox"/> FEMALE.....2	<input type="checkbox"/> MALE1 <input type="checkbox"/> FEMALE.....2	<input type="checkbox"/> MALE1 <input type="checkbox"/> FEMALE.....2	<input type="checkbox"/> MALE1 <input type="checkbox"/> FEMALE.....2	<input type="checkbox"/> MALE1 <input type="checkbox"/> FEMALE.....2	<input type="checkbox"/> MALE1 <input type="checkbox"/> FEMALE.....2
4. In what solar calendar month and year was [NAME] born?	MONTH <input type="text"/> YEAR <input type="text"/> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> NOT STATED YEAR 9998 <input type="checkbox"/>
5. At present, what is [NAME]'s age of his/her last birthday? IF AGE IS 95 YEARS OR MORE, WRITE '95'	AGE <input type="text"/>	AGE <input type="text"/>	AGE <input type="text"/>	AGE <input type="text"/>	AGE <input type="text"/>	AGE <input type="text"/>

HOUSEHOLD NO: ...

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ORDER NO QUESTIONS	NUMBER.....	NUMBER.....	NUMBER.....	NUMBER.....	NUMBER.....
<p>6. To what ethnic group does [NAME] belong?</p>	<p>KINH.....1 <input type="checkbox"/></p> <p>OTHER ETHNIC <input type="checkbox"/></p> <p>GROUP2 <input type="checkbox"/></p> <p>NAME OF _____ <input type="checkbox"/></p> <p>ETHNIC GROUP <input type="checkbox"/></p>	<p>KINH.....1 <input type="checkbox"/></p> <p>OTHER ETHNIC <input type="checkbox"/></p> <p>GROUP2 <input type="checkbox"/></p> <p>NAME OF _____ <input type="checkbox"/></p> <p>ETHNIC GROUP <input type="checkbox"/></p>	<p>KINH.....1 <input type="checkbox"/></p> <p>OTHER ETHNIC <input type="checkbox"/></p> <p>GROUP2 <input type="checkbox"/></p> <p>NAME OF _____ <input type="checkbox"/></p> <p>ETHNIC GROUP <input type="checkbox"/></p>	<p>KINH.....1 <input type="checkbox"/></p> <p>OTHER ETHNIC <input type="checkbox"/></p> <p>GROUP2 <input type="checkbox"/></p> <p>NAME OF _____ <input type="checkbox"/></p> <p>ETHNIC GROUP <input type="checkbox"/></p>	<p>KINH.....1 <input type="checkbox"/></p> <p>OTHER ETHNIC <input type="checkbox"/></p> <p>GROUP2 <input type="checkbox"/></p> <p>NAME OF _____ <input type="checkbox"/></p> <p>ETHNIC GROUP <input type="checkbox"/></p>
<p>7. RESPONDENTS FOR INTERVIEWING PART 2: THE INDIVIDUAL QUESTIONNAIRE <i>(PERSONS AGED 15 AND OVER AND RESIDE IN VIETNAM)</i></p>	<p>NOT RESPONDENT ...1 <input type="checkbox"/></p> <p>BE RESPONDENT2 <input type="checkbox"/></p> <p>NAME AND ORDER NUMBER _____ <input type="checkbox"/></p>	<p>NOT RESPONDENT ...1 <input type="checkbox"/></p> <p>BE RESPONDENT2 <input type="checkbox"/></p> <p>NAME AND ORDER NUMBER _____ <input type="checkbox"/></p>	<p>NOT RESPONDENT ...1 <input type="checkbox"/></p> <p>BE RESPONDENT2 <input type="checkbox"/></p> <p>NAME AND ORDER NUMBER _____ <input type="checkbox"/></p>	<p>NOT RESPONDENT ...1 <input type="checkbox"/></p> <p>BE RESPONDENT2 <input type="checkbox"/></p> <p>NAME AND ORDER NUMBER _____ <input type="checkbox"/></p>	<p>NOT RESPONDENT ...1 <input type="checkbox"/></p> <p>BE RESPONDENT2 <input type="checkbox"/></p> <p>NAME AND ORDER NUMBER _____ <input type="checkbox"/></p>

PART 2: INDIVIDUAL INFORMATION

NO. QUESTIONS	NAME AND ORDER				
A. QUESTIONS ABOUT SOME MAIN CHARACTERSTIC OF RESPONDENTS					
9.	What is your current marital status?	NEVER MARRIED 1 <input type="checkbox"/> CURRENTLY MARRIED 2 <input type="checkbox"/> WIDOWED 3 <input type="checkbox"/> DIVORCED/SEPARATED 4 <input type="checkbox"/>	NEVER MARRIED 1 <input type="checkbox"/> CURRENTLY MARRIED 2 <input type="checkbox"/> WIDOWED 3 <input type="checkbox"/> DIVORCED/SEPARATED 4 <input type="checkbox"/>	NEVER MARRIED 1 <input type="checkbox"/> CURRENTLY MARRIED 2 <input type="checkbox"/> WIDOWED 3 <input type="checkbox"/> DIVORCED/SEPARATED 4 <input type="checkbox"/>	NEVER MARRIED 1 <input type="checkbox"/> CURRENTLY MARRIED 2 <input type="checkbox"/> WIDOWED 3 <input type="checkbox"/> DIVORCED/SEPARATED 4 <input type="checkbox"/>
9.	Have you always been living here, or if not, since when have you moved from other commune/ward/town to this household?	UNDER 6 MONTHS 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS 2 <input type="checkbox"/> 12 MONTHS AND OVER 3 <input type="checkbox"/> NO MOVEMENT 4 <input type="checkbox"/>	UNDER 6 MONTHS 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS 2 <input type="checkbox"/> 12 MONTHS AND OVER 3 <input type="checkbox"/> NO MOVEMENT 4 <input type="checkbox"/>	UNDER 6 MONTHS 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS 2 <input type="checkbox"/> 12 MONTHS AND OVER 3 <input type="checkbox"/> NO MOVEMENT 4 <input type="checkbox"/>	UNDER 6 MONTHS 1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS 2 <input type="checkbox"/> 12 MONTHS AND OVER 3 <input type="checkbox"/> NO MOVEMENT 4 <input type="checkbox"/>
10.	Is your previous place of usual residence the ward/town or commune?	WARD/TOWN 1 <input type="checkbox"/> COMMUNE 2 <input type="checkbox"/>	WARD/TOWN 1 <input type="checkbox"/> COMMUNE 2 <input type="checkbox"/>	WARD/TOWN 1 <input type="checkbox"/> COMMUNE 2 <input type="checkbox"/>	WARD/TOWN 1 <input type="checkbox"/> COMMUNE 2 <input type="checkbox"/>
11.	In which province did you live before moving into this household?	_____ (PROVINCE NAME)	_____ (PROVINCE NAME)	_____ (PROVINCE NAME)	_____ (PROVINCE NAME)
12.	What was the main reason you moved to this household?	TO FIND WORK 1 <input type="checkbox"/> TO START A NEW JOB 2 <input type="checkbox"/> COME BACK HOME DUE TO LOST JOB/ ENDED JOB/ COULD NOT FIND JOB 3 <input type="checkbox"/> FOLLOW FAMILY 4 <input type="checkbox"/> MARRIED 5 <input type="checkbox"/> SCHOOLING 6 <input type="checkbox"/> OTHERS 7 <input type="checkbox"/>	TO FIND WORK 1 <input type="checkbox"/> TO START A NEW JOB 2 <input type="checkbox"/> COME BACK HOME DUE TO LOST JOB/ ENDED JOB/ COULD NOT FIND JOB 3 <input type="checkbox"/> FOLLOW FAMILY 4 <input type="checkbox"/> MARRIED 5 <input type="checkbox"/> SCHOOLING 6 <input type="checkbox"/> OTHERS 7 <input type="checkbox"/>	TO FIND WORK 1 <input type="checkbox"/> TO START A NEW JOB 2 <input type="checkbox"/> COME BACK HOME DUE TO LOST JOB/ ENDED JOB/ COULD NOT FIND JOB 3 <input type="checkbox"/> FOLLOW FAMILY 4 <input type="checkbox"/> MARRIED 5 <input type="checkbox"/> SCHOOLING 6 <input type="checkbox"/> OTHERS 7 <input type="checkbox"/>	TO FIND WORK 1 <input type="checkbox"/> TO START A NEW JOB 2 <input type="checkbox"/> COME BACK HOME DUE TO LOST JOB/ ENDED JOB/ COULD NOT FIND JOB 3 <input type="checkbox"/> FOLLOW FAMILY 4 <input type="checkbox"/> MARRIED 5 <input type="checkbox"/> SCHOOLING 6 <input type="checkbox"/> OTHERS 7 <input type="checkbox"/>

HOUSEHOLD NO: ...

NO. QUESTIONS	NAME AND ORDER	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
13. At present, are you currently attending any school/classes from 3 months and over?	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → C15	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → C15	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → C15	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → C15
14. What is grade of education/training that you are currently attending? ABBREVIATION: VOC. - VOCATIONAL	PRE-SCHOOL.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> SHORT-TERM TRAINING.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> TRADE VOC. SCHOOL.....06 <input type="checkbox"/> VOC. SCHOOL.....07 <input type="checkbox"/> TRADE COLLEGE.....08 <input type="checkbox"/> COLLEGE.....09 <input type="checkbox"/> UNIVERSITY AND OVER.....10 <input type="checkbox"/>	PRE-SCHOOL.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> SHORT-TERM TRAINING.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> TRADE VOC. SCHOOL.....06 <input type="checkbox"/> VOC. SCHOOL.....07 <input type="checkbox"/> TRADE COLLEGE.....08 <input type="checkbox"/> COLLEGE.....09 <input type="checkbox"/> UNIVERSITY AND OVER.....10 <input type="checkbox"/>	PRE-SCHOOL.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> SHORT-TERM TRAINING.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> TRADE VOC. SCHOOL.....06 <input type="checkbox"/> VOC. SCHOOL.....07 <input type="checkbox"/> TRADE COLLEGE.....08 <input type="checkbox"/> COLLEGE.....09 <input type="checkbox"/> UNIVERSITY AND OVER.....10 <input type="checkbox"/>	PRE-SCHOOL.....01 PRIMARY.....02 LOWER SECONDARY.....03 SHORT-TERM TRAINING.....04 HIGHER SECONDARY.....05 TRADE VOC. SCHOOL.....06 VOC. SCHOOL.....07 TRADE COLLEGE.....08 COLLEGE.....09 UNIVERSITY AND OVER.....10
15. What is the highest grade of education/training (from 3 months and over) that you have been attended or graduated? ABBREVIATION: VOC. - VOCATIONAL	NEVER ATTENDED.....00 <input type="checkbox"/> SOME PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> SHORT-TERM TRAINING.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> TRADE VOC. SCHOOL.....06 <input type="checkbox"/> VOC. SCHOOL.....07 <input type="checkbox"/> TRADE COLLEGE.....08 <input type="checkbox"/> COLLEGE.....09 <input type="checkbox"/> UNIVERSITY AND OVER.....10 <input type="checkbox"/>	NEVER ATTENDED.....00 <input type="checkbox"/> SOME PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> SHORT-TERM TRAINING.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> TRADE VOC. SCHOOL.....06 <input type="checkbox"/> VOC. SCHOOL.....07 <input type="checkbox"/> TRADE COLLEGE.....08 <input type="checkbox"/> COLLEGE.....09 <input type="checkbox"/> UNIVERSITY AND OVER.....10 <input type="checkbox"/>	NEVER ATTENDED.....00 <input type="checkbox"/> SOME PRIMARY.....01 <input type="checkbox"/> PRIMARY.....02 <input type="checkbox"/> LOWER SECONDARY.....03 <input type="checkbox"/> SHORT-TERM TRAINING.....04 <input type="checkbox"/> HIGHER SECONDARY.....05 <input type="checkbox"/> TRADE VOC. SCHOOL.....06 <input type="checkbox"/> VOC. SCHOOL.....07 <input type="checkbox"/> TRADE COLLEGE.....08 <input type="checkbox"/> COLLEGE.....09 <input type="checkbox"/> UNIVERSITY AND OVER.....10 <input type="checkbox"/>	NEVER ATTENDED.....00 SOME PRIMARY.....01 PRIMARY.....02 LOWER SECONDARY.....03 SHORT-TERM TRAINING.....04 HIGHER SECONDARY.....05 TRADE VOC. SCHOOL.....06 VOC. SCHOOL.....07 TRADE COLLEGE.....08 COLLEGE.....09 UNIVERSITY AND OVER.....10

NO. QUESTIONS	NAME AND ORDER			
B. IDENTIFICATION OF CURRENT ECONOMIC ACTIVITY STATUS				
16. During the last 7 days, did you do any work to gain income or to make profit?	YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/>
17. During the last 7 days, did you do any work for family or others without requirement of wages/salaries?	YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/>
18. Although you did not work during the last 7 days, did you still receive salaried/wages from your previous work or profits from your previous business-production activity?	YES.....1 <input type="checkbox"/> → Q20 NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q20 NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q20 NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q20 NO.....2 <input type="checkbox"/>
19. Did you have a job or the business-production activity to return to work after temporarily absent from during the last 7 days? ABBREVIATION: BUSI-PROD: BUSINESS-PRODUCTION ACTIVITY	A JOB.....1 <input type="checkbox"/> → Q21 A BUSI-PROD.....2 <input type="checkbox"/> → Q21 NO.....3 <input type="checkbox"/> → Q65	A JOB.....1 <input type="checkbox"/> → Q21 A BUSI-PROD.....2 <input type="checkbox"/> → Q21 NO.....3 <input type="checkbox"/> → Q65	A JOB.....1 <input type="checkbox"/> → Q21 A BUSI-PROD.....2 <input type="checkbox"/> → Q21 NO.....3 <input type="checkbox"/> → Q65	A JOB.....1 <input type="checkbox"/> → Q21 A BUSI-PROD.....2 <input type="checkbox"/> → Q21 NO.....3 <input type="checkbox"/> → Q65
20. What was main reason that you were temporarily absent from work during the last 7 days?	PERSONAL MATTER.....1 <input type="checkbox"/> SICKNESS/PRENAVENCY.....2 <input type="checkbox"/> SCHOOLING/TRAINING.....3 <input type="checkbox"/> WAIT FOR JOB/DISMISSAL.....4 <input type="checkbox"/> STRIKE/DEMONSTRATION.....5 <input type="checkbox"/> WAIT FOR SEASON.....6 <input type="checkbox"/> PREPARATION FOR A NEW JOB.. 7 <input type="checkbox"/> OTHER.....8 <input type="checkbox"/> → Q22b (SPECIFY)	PERSONAL MATTER.....1 <input type="checkbox"/> SICKNESS/PRENAVENCY.....2 <input type="checkbox"/> SCHOOLING/TRAINING.....3 <input type="checkbox"/> WAIT FOR JOB/DISMISSAL.....4 <input type="checkbox"/> STRIKE/DEMONSTRATION.....5 <input type="checkbox"/> WAIT FOR SEASON.....6 <input type="checkbox"/> PREPARATION FOR A NEW JOB.. 7 <input type="checkbox"/> OTHER.....8 <input type="checkbox"/> → Q22b (SPECIFY)	PERSONAL MATTER.....1 <input type="checkbox"/> SICKNESS/PRENAVENCY.....2 <input type="checkbox"/> SCHOOLING/TRAINING.....3 <input type="checkbox"/> WAIT FOR JOB/DISMISSAL.....4 <input type="checkbox"/> STRIKE/DEMONSTRATION.....5 <input type="checkbox"/> WAIT FOR SEASON.....6 <input type="checkbox"/> PREPARATION FOR A NEW JOB.. 7 <input type="checkbox"/> OTHER.....8 <input type="checkbox"/> → Q22b (SPECIFY)	PERSONAL MATTER.....1 <input type="checkbox"/> SICKNESS/PRENAVENCY.....2 <input type="checkbox"/> SCHOOLING/TRAINING.....3 <input type="checkbox"/> WAIT FOR JOB/DISMISSAL.....4 <input type="checkbox"/> STRIKE/DEMONSTRATION.....5 <input type="checkbox"/> WAIT FOR SEASON.....6 <input type="checkbox"/> PREPARATION FOR A NEW JOB.. 7 <input type="checkbox"/> OTHER.....8 <input type="checkbox"/> → Q22b (SPECIFY)

HOUSEHOLD NO. : ...

QUESTION	NAME AND ORDER			
21. Hence, will you return to work for next 30 days?	YES.....1 <input type="checkbox"/> → Q22b NO2 <input type="checkbox"/> → Q65	YES.....1 <input type="checkbox"/> → Q22b NO2 <input type="checkbox"/> → Q65	YES.....1 <input type="checkbox"/> → Q22b NO2 <input type="checkbox"/> → Q65	YES.....1 <input type="checkbox"/> → Q22b NO2 <input type="checkbox"/> → Q65
C. THESE QUESTIONS ABOUT THE JOB THAT RESPONDENT SPEND MOST OF TIME THAT HE/SHE WORKED DURING LAST 7 DAYS/7 DAYS BEFORE BREAK TEMPORARILY WORK				
22a. What was the main type of work or tasks that you did during the last 7 days?	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)
22b. What was the main type of work or tasks that you did before having break temporarily from work?	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)
23. Does the establishment where you did belong to the household/individual, household of individual production and trade, collective, private, state or foreign investment economic sector? ABBREVIATION: HH OF IN. PRO. TRADE: HOUSEHOLD OF INDIVIDUAL PRODUCTION AND TRADE	HOUSEHOLD/INDIVIDUAL.....1 <input type="checkbox"/> HH OF IN.PRO. TRADE2 <input type="checkbox"/> COLLECTIVE.....3 <input type="checkbox"/> PRIVATE.....4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ...5 <input type="checkbox"/> + NON - PRODUCTIVE6 <input type="checkbox"/> + ENTERPRISE7 <input type="checkbox"/> FOREIGN INVESTMENT8 <input type="checkbox"/>	HOUSEHOLD/INDIVIDUAL.....1 <input type="checkbox"/> HH OF IN.PRO. TRADE2 <input type="checkbox"/> COLLECTIVE.....3 <input type="checkbox"/> PRIVATE.....4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ...5 <input type="checkbox"/> + NON - PRODUCTIVE6 <input type="checkbox"/> + ENTERPRISE7 <input type="checkbox"/> FOREIGN INVESTMENT8 <input type="checkbox"/>	HOUSEHOLD/INDIVIDUAL.....1 <input type="checkbox"/> HH OF IN.PRO. TRADE2 <input type="checkbox"/> COLLECTIVE.....3 <input type="checkbox"/> PRIVATE.....4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ...5 <input type="checkbox"/> + NON - PRODUCTIVE6 <input type="checkbox"/> + ENTERPRISE7 <input type="checkbox"/> FOREIGN INVESTMENT8 <input type="checkbox"/>	HOUSEHOLD/INDIVIDUAL.....1 HH OF IN.PRO. TRADE2 COLLECTIVE3 PRIVATE4 STATE: + AGENCY, ORGANIZATION ...5 + NON - PRODUCTIVE6 + ENTERPRISE7 FOREIGN INVESTMENT8
24. What is the full name and address of the establishment where you did the above mentioned work?	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)

QUESTION				
25. What was the main activity or major type of product/service of the establishment where you did the above mentioned work? REMARK: FOR THE HOUSEHOLD/INDIVIDUAL, COMBINE WITH Q22 TO RECORD CODE OF INDUSTRY	 (SPECIFY)	 (SPECIFY)	 (SPECIFY)	 (SPECIFY)
26. Is the venue where you worked in a fixed office, at home/home of client, market/trade center, an outdoor fixed place or mobile place?	FIXED OFFICE 1 <input type="checkbox"/> HOME/HOME OF CLIENT 2 <input type="checkbox"/> MARKET/TRADE CENTER 3 <input type="checkbox"/> OUTDOOR FIXED PLACE 4 <input type="checkbox"/> MOBILE 5 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> D) WRITT. ACCOUNTS.. 1. <input type="checkbox"/> ..2 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> D) WRITT. ACCOUNTS.. 1. <input type="checkbox"/> ..2 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> D) WRITT. ACCOUNTS. 1. <input type="checkbox"/> ..2 <input type="checkbox"/>
27. Does the establishment where you worked have the following: a. Business registration? b. Tax code registration? c. Social insurance registration? d. Written accounts?	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> D) WRITT. ACCOUNTS.. 1. <input type="checkbox"/> ..2 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> D) WRITT. ACCOUNTS.. 1. <input type="checkbox"/> ..2 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> D) WRITT. ACCOUNTS.. 1. <input type="checkbox"/> ..2 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> ..2 <input type="checkbox"/> D) WRITT. ACCOUNTS. 1. <input type="checkbox"/> ..2 <input type="checkbox"/>
28. With above work, were you: - Employer (hire labour)? - Own-account worker (not to hire labour)? - Unpaid family worker? - Wage worker? or - Member of cooperative?	EMPLOYER..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER..... 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE . 5 <input type="checkbox"/>	EMPLOYER..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER..... 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE . 5 <input type="checkbox"/>	EMPLOYER..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER..... 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE . 5 <input type="checkbox"/>	EMPLOYER..... 1 <input type="checkbox"/> OWN-ACCOUNT WORKER..... 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER..... 4 <input type="checkbox"/> MEMBER OF COOPERATIVE... 5 <input type="checkbox"/>

HOUSEHOLD NO: ...

QUESTIONS	NAME AND ORDER			
29. In the above job, did you hold a contract of unlimited term/ limited term, verbal agreement or no contract? ABBREVIATION: LB – LABOUR CONTRACT	UNLIMITED TERM LB.....1 <input type="checkbox"/> Q31 ←2 <input type="checkbox"/> 1 – 3 YEAR TERM LB.....3 <input type="checkbox"/> UNDER 1 YEAR LB.....4 <input type="checkbox"/> VERBAL AGREEMENT.....5 <input type="checkbox"/> NONE.....6 <input type="checkbox"/>	UNLIMITED TERM LB.....1 <input type="checkbox"/> Q31 ←2 <input type="checkbox"/> 1 – 3 YEAR TERM LB.....3 <input type="checkbox"/> UNDER 1 YEAR LB.....4 <input type="checkbox"/> VERBAL AGREEMENT.....5 <input type="checkbox"/> NONE.....6 <input type="checkbox"/>	UNLIMITED TERM LB.....1 <input type="checkbox"/> Q31 ←2 <input type="checkbox"/> 1 – 3 YEAR TERM LB.....3 <input type="checkbox"/> UNDER 1 YEAR LB.....4 <input type="checkbox"/> VERBAL AGREEMENT.....5 <input type="checkbox"/> NONE.....6 <input type="checkbox"/>	UNLIMITED TERM LB.....1 <input type="checkbox"/> Q31 ←2 <input type="checkbox"/> 1 – 3 YEAR TERM LB.....3 <input type="checkbox"/> UNDER 1 YEAR LB.....4 <input type="checkbox"/> VERBAL AGREEMENT.....5 <input type="checkbox"/> NONE.....6 <input type="checkbox"/>
30. What is the reason why you hold a limited term contract, verbal agreement, or no contract?	SEASONAL WORK.....1 <input type="checkbox"/> TEMPORARY.....2 <input type="checkbox"/> OCCASIONAL.....3 <input type="checkbox"/> OTHER.....4 <input type="checkbox"/> (SPECIFY)	SEASONAL WORK.....1 <input type="checkbox"/> TEMPORARY.....2 <input type="checkbox"/> OCCASIONAL.....3 <input type="checkbox"/> OTHER.....4 <input type="checkbox"/> (SPECIFY)	SEASONAL WORK.....1 <input type="checkbox"/> TEMPORARY.....2 <input type="checkbox"/> OCCASIONAL.....3 <input type="checkbox"/> OTHER.....4 <input type="checkbox"/> (SPECIFY)	SEASONAL WORK.....1 <input type="checkbox"/> TEMPORARY.....2 <input type="checkbox"/> OCCASIONAL.....3 <input type="checkbox"/> OTHER.....4 <input type="checkbox"/> (SPECIFY)
31. In what manner did you receive your payment in the above mentioned job?	FIXED SALARY.....1 <input type="checkbox"/> PER WORKED DAY/HOUR.....2 <input type="checkbox"/> PAID PER PIECE.....3 <input type="checkbox"/> COMMISSION.....4 <input type="checkbox"/> INTEREST.....5 <input type="checkbox"/> IN KIND.....6 <input type="checkbox"/> UNPAID.....7 <input type="checkbox"/> Q32b ←8 <input type="checkbox"/>	FIXED SALARY.....1 <input type="checkbox"/> PER WORKED DAY/HOUR.....2 <input type="checkbox"/> PAID PER PIECE.....3 <input type="checkbox"/> COMMISSION.....4 <input type="checkbox"/> INTEREST.....5 <input type="checkbox"/> IN KIND.....6 <input type="checkbox"/> UNPAID.....7 <input type="checkbox"/> Q32b ←8 <input type="checkbox"/>	FIXED SALARY.....1 <input type="checkbox"/> PER WORKED DAY/HOUR.....2 <input type="checkbox"/> PAID PER PIECE.....3 <input type="checkbox"/> COMMISSION.....4 <input type="checkbox"/> INTEREST.....5 <input type="checkbox"/> IN KIND.....6 <input type="checkbox"/> UNPAID.....7 <input type="checkbox"/> Q32b ←8 <input type="checkbox"/>	FIXED SALARY.....1 <input type="checkbox"/> PER WORKED DAY/HOUR.....2 <input type="checkbox"/> PAID PER PIECE.....3 <input type="checkbox"/> COMMISSION.....4 <input type="checkbox"/> INTEREST.....5 <input type="checkbox"/> IN KIND.....6 <input type="checkbox"/> UNPAID.....7 <input type="checkbox"/> Q32b ←8 <input type="checkbox"/>
32. With the above-mentioned job, did you receive the following: a. Paid public holidays/leave? b. Health insurance card? c. Social insurance?	YES NO A) HOLIDAYS/LEAVES... 1 <input type="checkbox"/> 2 <input type="checkbox"/> B) HEALTH CARD..... 1 <input type="checkbox"/> 2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	YES NO A) HOLIDAYS/LEAVES... 1 <input type="checkbox"/> 2 <input type="checkbox"/> B) HEALTH CARD..... 1 <input type="checkbox"/> 2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	YES NO A) HOLIDAYS/LEAVES... 1 <input type="checkbox"/> 2 <input type="checkbox"/> B) HEALTH CARD..... 1 <input type="checkbox"/> 2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	YES NO A) HOLIDAYS/LEAVES... 1 <input type="checkbox"/> 2 <input type="checkbox"/> B) HEALTH CARD..... 1 <input type="checkbox"/> 2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1 <input type="checkbox"/> 2 <input type="checkbox"/>

NAME AND ORDER	QUESTIONS			
33. How long have you worked in this job?	UNDER 1 YEAR 1 <input type="checkbox"/> 1 – UNDER 5 YEARS 2 <input type="checkbox"/> 5 UNDER 10 YEARS 3 <input type="checkbox"/> 10 YEARS AND OVER 4 <input type="checkbox"/> Q35 ←	UNDER 1 YEAR 1 <input type="checkbox"/> 1 – UNDER 5 YEARS 2 <input type="checkbox"/> 5 UNDER 10 YEARS 3 <input type="checkbox"/> 10 YEARS AND OVER 4 <input type="checkbox"/> Q35 ←	UNDER 1 YEAR 1 <input type="checkbox"/> 1 – UNDER 5 YEARS 2 <input type="checkbox"/> 5 UNDER 10 YEARS 3 <input type="checkbox"/> 10 YEARS AND OVER 4 <input type="checkbox"/> Q35 ←	UNDER 1 YEAR 1 1 – UNDER 5 YEARS 2 5 UNDER 10 YEARS 3 10 YEARS AND OVER 4 Q35 ←
34. 30 days before starting the above job, did you currently do another job, wait for job/season off, finding a job or other?	DO ANOTHER JOB 1 <input type="checkbox"/> WAIT FOR JOB/SOFF-SEASON. 2 <input type="checkbox"/> FINDING A JOB 3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> (SPECIFY)	DO ANOTHER JOB 1 <input type="checkbox"/> WAIT FOR JOB/SOFF-SEASON. 2 <input type="checkbox"/> FINDING A JOB 3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> (SPECIFY)	DO ANOTHER JOB 1 <input type="checkbox"/> WAIT FOR JOB/SOFF-SEASON. 2 <input type="checkbox"/> FINDING A JOB 3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> (SPECIFY)	DO ANOTHER JOB 1 WAIT FOR JOB/SOFF-SEASON. 2 FINDING A JOB 3 OTHER 4 (SPECIFY)
D. THESE QUESTIONS ABOUT INCOME OF RESPONDENT DURING THE LAST 7 DAYS OR 7 DAYS BEFORE BREAK TEMPORARY WORK				
35. CHECK Q28: IF Q28 = 4 → Q36; OTHER → Q39				
36. With above mention job, how much salary/wage did you receive during the last month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)
37. Apart from wage/salary, during the last month, did you receive the followings: a. Overtime payment? b. Premium? c. Other welfare payment (such as occupation allowance, travel, clothes, lunch, ...)?	YES NO A) OVERTIME 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> B) PREMIUM 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> C) OTHER WELFARE 1 <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO A) OVERTIME 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> B) PREMIUM 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> C) OTHER WELFARE 1 <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO A) OVERTIME 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> B) PREMIUM 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> C) OTHER WELFARE 1 <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO A) OVERTIME 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> B) PREMIUM 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> C) OTHER WELFARE 1 <input type="checkbox"/> .. 2 <input type="checkbox"/>
38. How much did you receive payment of overtime, premium, occupation allowance and other welfare during the last month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)

HOUSEHOLD NO: ...

QUESTIONS		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME AND ORDER		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. THESE QUESTIONS ABOUT HOURS OF WORKED OF RESPONDENT IN THE LAST 7 DAYS OR 7 DAYS BEFORE BREAK TEMPORARY WORK						
39. Not including leave time but including overtime, how many hours did you actually work for the main above mentioned work, during last 7 days/7 days before temporarily stopping work?	ACTUALLY WORKED HOURS FOR MAIN JOB PER WEEK...	<input type="text"/>	<input type="text"/>	ACTUALLY WORKED HOURS FOR MAIN JOB PER WEEK...	<input type="text"/>	ACTUALLY WORKED HOURS FOR MAIN JOB PER WEEK... <input type="text"/> <input type="text"/>
40. Not including leave time, how many hours did you regularly work for the main above mentioned work per week?	REGULAR WORKED HOURS FOR MAIN JOB PER WEEK...	<input type="text"/>	<input type="text"/>	REGULAR WORKED HOURS FOR MAIN JOB PER WEEK...	<input type="text"/>	REGULAR WORKED HOURS FOR MAIN JOB PER WEEK... <input type="text"/>
41. CHECK Q39 AND 40: IF Q39 < Q40 → Q42; OTHER → Q43						
42. In the last 7 days/7 days before temporarily breaking work, why did you actually work fewer hours than usual to do the above-mentioned main work?	ILLNESS.....01	<input type="checkbox"/>	ILLNESS.....01	<input type="checkbox"/>	ILLNESS.....01	<input type="checkbox"/>
	LEAVES/HOLIDAYS.....02	<input type="checkbox"/>	LEAVES/HOLIDAYS.....02	<input type="checkbox"/>	LEAVES/HOLIDAYS.....02	<input type="checkbox"/>
	JUST STARTED WORKING.....03	<input type="checkbox"/>	JUST STARTED WORKING.....03	<input type="checkbox"/>	JUST STARTED WORKING.....03	<input type="checkbox"/>
	LOST JOB/QUIT JOB.....04	<input type="checkbox"/>	LOST JOB/QUIT JOB.....04	<input type="checkbox"/>	LOST JOB/QUIT JOB.....04	<input type="checkbox"/>
	BAD WEATHER/OFF SEASONS 05	<input type="checkbox"/>	BAD WEATHER/OFF SEASONS 05	<input type="checkbox"/>	BAD WEATHER/OFF SEASONS 05	<input type="checkbox"/>
	WORKING HOURS CUT DOWN..06	<input type="checkbox"/>	WORKING HOURS CUT DOWN..06	<input type="checkbox"/>	WORKING HOURS CUT DOWN..06	<input type="checkbox"/>
	STRIKE/FACTORY CLOSING.....07	<input type="checkbox"/>	STRIKE/FACTORY CLOSING.....07	<input type="checkbox"/>	STRIKE/FACTORY CLOSING.....07	<input type="checkbox"/>
	WORKING BY SHIFT.....08	<input type="checkbox"/>	WORKING BY SHIFT.....08	<input type="checkbox"/>	WORKING BY SHIFT.....08	<input type="checkbox"/>
	LOSING FARM LAND.....09	<input type="checkbox"/>	LOSING FARM LAND.....09	<input type="checkbox"/>	LOSING FARM LAND.....09	<input type="checkbox"/>
	FAMILY OBLIGATIONS.....10	<input type="checkbox"/>	FAMILY OBLIGATIONS.....10	<input type="checkbox"/>	FAMILY OBLIGATIONS.....10	<input type="checkbox"/>
	LACK OF CLIENTS/ORDERS IN OWN BUSINESS.....11	<input type="checkbox"/>	LACK OF CLIENTS/ORDERS IN OWN BUSINESS.....11	<input type="checkbox"/>	LACK OF CLIENTS/ORDERS IN OWN BUSINESS.....11	<input type="checkbox"/>
	OTHER.....12	<input type="checkbox"/>	OTHER.....12	<input type="checkbox"/>	OTHER.....12	<input type="checkbox"/>
	(SPECIFY)		(SPECIFY)		(SPECIFY)	(SPECIFY)

QUESTIONS				
<p>F. THESE QUESTIONS ABOUT SECONDARY JOB (APART MAIN JOB) OF RESPONDENT DURING LAST 7 DAYS OR 7 DAYS BEFORE TEMPORARY BREAK WORK</p> <p>43. In the last 7 days/ 7 days before temporarily breaking work, apart from the above-mentioned main job, did you have any secondary jobs to make income?</p> <p>44. Among secondary jobs, which one is spend most time than other one in the last 7 days/ 7 days before temporarily break work?</p> <p>45. Does the establishment where you did above mention belong to the household/individual, household of individual production and trade, collective, private, state or foreign investment economic sector? ABBREVIATION: HH OF IN. PRO. TRADE: HOUSEHOLD OF INDIVIDUAL PRODUCTION AND TRADE</p> <p>46. What is name and address of the establishment where you did the above-mentioned activity?</p>	<p>YES, ONE OTHER JOB1 <input type="checkbox"/></p> <p>YES, MORE THAN ONE2 <input type="checkbox"/></p> <p>NO3 <input type="checkbox"/></p> <p style="text-align: right;">Q61 ←</p>	<p>YES, ONE OTHER JOB1 <input type="checkbox"/></p> <p>YES, MORE THAN ONE2 <input type="checkbox"/></p> <p>NO3 <input type="checkbox"/></p> <p style="text-align: right;">Q61 ←</p>	<p>YES, ONE OTHER JOB1 <input type="checkbox"/></p> <p>YES, MORE THAN ONE2 <input type="checkbox"/></p> <p>NO3 <input type="checkbox"/></p> <p style="text-align: right;">Q61 ←</p>	<p>YES, ONE OTHER JOB1</p> <p>YES, MORE THAN ONE2</p> <p>NO3</p> <p style="text-align: right;">Q61 ←</p>
	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>
	<p>HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/></p> <p>HH OF IN. PRO. TRADE2 <input type="checkbox"/></p> <p>COLLECTIVE3 <input type="checkbox"/></p> <p>PRIVATE4 <input type="checkbox"/></p> <p>STATE:</p> <p>+ AGENCY, ORGANIZATION ...5 <input type="checkbox"/></p> <p>+ NON-PRODUCTIVE6 <input type="checkbox"/></p> <p>+ ENTERPRISE7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT8 <input type="checkbox"/></p>	<p>HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/></p> <p>HH OF IN. PRO. TRADE2 <input type="checkbox"/></p> <p>COLLECTIVE3 <input type="checkbox"/></p> <p>PRIVATE4 <input type="checkbox"/></p> <p>STATE:</p> <p>+ AGENCY, ORGANIZATION ...5 <input type="checkbox"/></p> <p>+ NON-PRODUCTIVE6 <input type="checkbox"/></p> <p>+ ENTERPRISE7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT8 <input type="checkbox"/></p>	<p>HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/></p> <p>HH OF IN. PRO. TRADE2 <input type="checkbox"/></p> <p>COLLECTIVE3 <input type="checkbox"/></p> <p>PRIVATE4 <input type="checkbox"/></p> <p>STATE:</p> <p>+ AGENCY, ORGANIZATION ...5 <input type="checkbox"/></p> <p>+ NON-PRODUCTIVE6 <input type="checkbox"/></p> <p>+ ENTERPRISE7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT8 <input type="checkbox"/></p>	<p>HOUSEHOLD/INDIVIDUAL1</p> <p>HH OF IN. PRO. TRADE2</p> <p>COLLECTIVE3</p> <p>PRIVATE4</p> <p>STATE:</p> <p>+ AGENCY, ORGANIZATION ...5</p> <p>+ NON-PRODUCTIVE6</p> <p>+ ENTERPRISE7</p> <p>FOREIGN INVESTMENT8</p>
	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>

HOUSEHOLD NO.: ...

QUESTIONS	NAME AND ORDER	<input type="text"/>	<input type="text"/>	<input type="text"/>
47. What was the main activity or major type of the product/service of the establishment where you did the above-mentioned work? REMARK: FOR THE HOUSEHOLD /INDIVIDUAL COMBINE WITH Q44 TO RECORD CODE OF INDUSTRY	 (SPECIFY)	 (SPECIFY)	 (SPECIFY)	 (SPECIFY)
48. Is the venue where you worked in a fixed office, at home/home of client, market/trade center, an outdoor fixed place or mobile place?	FIXED OFFICE 1 <input type="checkbox"/> HOME/HOME OF CLIENT 2 <input type="checkbox"/> MARKET/TRADE CENTER 3 <input type="checkbox"/> OUTDOOR FIXED PLACE 4 <input type="checkbox"/> MOBILE 5 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> D) WRITT. ACCOUNTS... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> D) WRITT. ACCOUNTS... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	FIXED OFFICE 1 HOME/HOME OF CLIENT 2 MARKET/TRADE CENTER 3 OUTDOOR FIXED PLACE 4 MOBILE 5
49. Does the establishment where you worked have the following: a. Business registration? b. Tax code registration? c. Social insurance registration? d. Written accounts?	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> D) WRITT. ACCOUNTS... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> D) WRITT. ACCOUNTS... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> B) TAX CODE REGISTR. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> C) SOCIAL INSURANCE. 1. <input type="checkbox"/> .. 2 <input type="checkbox"/> D) WRITT. ACCOUNTS... 1. <input type="checkbox"/> .. 2 <input type="checkbox"/>	YES NO A) BUSINESS REGISTR. 1. <input type="checkbox"/> .. 2 B) TAX CODE REGISTR. 1. <input type="checkbox"/> .. 2 C) SOCIAL INSURANCE. 1. <input type="checkbox"/> .. 2 D) WRITT. ACCOUNTS .. 1. <input type="checkbox"/> .. 2
50. With above work, were you: - Employer (hire labour)? - Own-account worker (not hire labour)? - Unpaid family worker? - Wage worker? or - Member of cooperative?	EMPLOYER 1 <input type="checkbox"/> OWN-ACCOUNT WORKER 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER 4 <input type="checkbox"/> MEMBER OF COOPERATIVE . 5 <input type="checkbox"/>	EMPLOYER 1 <input type="checkbox"/> OWN-ACCOUNT WORKER 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER 4 <input type="checkbox"/> MEMBER OF COOPERATIVE . 5 <input type="checkbox"/>	EMPLOYER 1 <input type="checkbox"/> OWN-ACCOUNT WORKER 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER 4 <input type="checkbox"/> MEMBER OF COOPERATIVE . 5 <input type="checkbox"/>	EMPLOYER 1 OWN-ACCOUNT WORKER 2 UNPAID FAMILY WORKER 3 WAGE WORKER 4 MEMBER OF COOPERATIVE .. 5

<p>QUESTIONS</p> <p>NAME AND ORDER</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>51. In the above job, did you hold a contract of unlimited term/limited term, verbal agreement or no contract? ABBREVIATION: LB – LABOUR CONTRACT</p>	<p>UNLIMITED TERM LB.....1 <input type="checkbox"/> Q53</p> <p>1- 3 YEAR TERM LB.....2 <input type="checkbox"/></p> <p>UNDER 1 YEAR TERM LB.....3 <input type="checkbox"/></p> <p>VERBAL AGREEMENT.....4 <input type="checkbox"/></p> <p>NONE.....5 <input type="checkbox"/></p>	<p>INDEFINITE TERM LB.....1 <input type="checkbox"/> Q53</p> <p>1- 3 YEAR TERM LB.....2 <input type="checkbox"/></p> <p>UNDER 1 YEAR TERM LB.....3 <input type="checkbox"/></p> <p>VERBAL AGREEMENT.....4 <input type="checkbox"/></p> <p>NONE.....5 <input type="checkbox"/></p>	<p>INDEFINITE TERM LB.....1 <input type="checkbox"/> Q53</p> <p>1- 3 YEAR TERM LB.....2 <input type="checkbox"/></p> <p>UNDER 1 YEAR TERM LB.....3 <input type="checkbox"/></p> <p>VERBAL AGREEMENT.....4 <input type="checkbox"/></p> <p>NONE.....5 <input type="checkbox"/></p>	<p>INDEFINITE TERM LB.....1 <input type="checkbox"/> Q53</p> <p>1- 3 YEAR TERM LB.....2 <input type="checkbox"/></p> <p>UNDER 1 YEAR TERM LB.....3 <input type="checkbox"/></p> <p>VERBAL AGREEMENT.....4 <input type="checkbox"/></p> <p>NONE.....5 <input type="checkbox"/></p>
<p>52. What is the reason you hold a contract of limited term, verbal agreement or no contract?</p>	<p>SEASONAL WORK.....1 <input type="checkbox"/></p> <p>TEMPORARY.....2 <input type="checkbox"/></p> <p>OCCASIONAL OR UNPLANNED WORK.....3 <input type="checkbox"/></p> <p>OTHER.....4 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>SEASONAL WORK.....1 <input type="checkbox"/></p> <p>TEMPORARY.....2 <input type="checkbox"/></p> <p>OCCASIONAL OR UNPLANNED WORK.....3 <input type="checkbox"/></p> <p>OTHER.....4 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>SEASONAL WORK.....1 <input type="checkbox"/></p> <p>TEMPORARY.....2 <input type="checkbox"/></p> <p>OCCASIONAL OR UNPLANNED WORK.....3 <input type="checkbox"/></p> <p>OTHER.....4 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>SEASONAL WORK.....1 <input type="checkbox"/></p> <p>TEMPORARY.....2 <input type="checkbox"/></p> <p>OCCASIONAL OR UNPLANNED WORK.....3 <input type="checkbox"/></p> <p>OTHER.....4 <input type="checkbox"/></p> <p>(SPECIFY)</p>
<p>53. In what manner did you receive your payment in the above mention secondary job?</p>	<p>FIXED SALARY.....1 <input type="checkbox"/></p> <p>PER WORKED DAY/HOUR.....2 <input type="checkbox"/></p> <p>PAID PER PIECE.....3 <input type="checkbox"/></p> <p>ON COMMISSION.....4 <input type="checkbox"/></p> <p>INTEREST.....5 <input type="checkbox"/></p> <p>IN KIND.....6 <input type="checkbox"/></p> <p>UNPAID.....7 <input type="checkbox"/> Q54b</p>	<p>FIXED SALARY.....1 <input type="checkbox"/></p> <p>PER WORKED DAY/HOUR.....2 <input type="checkbox"/></p> <p>PAID PER PIECE.....3 <input type="checkbox"/></p> <p>ON COMMISSION.....4 <input type="checkbox"/></p> <p>INTEREST.....5 <input type="checkbox"/></p> <p>IN KIND.....6 <input type="checkbox"/></p> <p>UNPAID.....7 <input type="checkbox"/> Q54b</p>	<p>FIXED SALARY.....1 <input type="checkbox"/></p> <p>PER WORKED DAY/HOUR.....2 <input type="checkbox"/></p> <p>PAID PER PIECE.....3 <input type="checkbox"/></p> <p>ON COMMISSION.....4 <input type="checkbox"/></p> <p>INTEREST.....5 <input type="checkbox"/></p> <p>IN KIND.....6 <input type="checkbox"/></p> <p>UNPAID.....7 <input type="checkbox"/> Q54b</p>	<p>FIXED SALARY.....1 <input type="checkbox"/></p> <p>PER WORKED DAY/HOUR.....2 <input type="checkbox"/></p> <p>PAID PER PIECE.....3 <input type="checkbox"/></p> <p>ON COMMISSION.....4 <input type="checkbox"/></p> <p>INTEREST.....5 <input type="checkbox"/></p> <p>IN KIND.....6 <input type="checkbox"/></p> <p>UNPAID.....7 <input type="checkbox"/> Q54b</p>
<p>54. With the above-mentioned job, did you receive the following: a. Paid public holidays/leaves? b. Health insurance card? c. Social insurance?</p>	<p>YES NO</p> <p>A) HOLIDAYS/LEAVES...1 <input type="checkbox"/>...2 <input type="checkbox"/></p> <p>B) HEALTH CARD.....1 <input type="checkbox"/>...2 <input type="checkbox"/></p> <p>C) SOCIAL INSURANCE. 1 <input type="checkbox"/>...2 <input type="checkbox"/></p>	<p>YES NO</p> <p>A) HOLIDAYS/LEAVES...1 <input type="checkbox"/>...2 <input type="checkbox"/></p> <p>B) HEALTH CARD.....1 <input type="checkbox"/>...2 <input type="checkbox"/></p> <p>C) SOCIAL INSURANCE. 1 <input type="checkbox"/>...2 <input type="checkbox"/></p>	<p>YES NO</p> <p>A) HOLIDAYS/LEAVES...1 <input type="checkbox"/>...2 <input type="checkbox"/></p> <p>B) HEALTH CARD.....1 <input type="checkbox"/>...2 <input type="checkbox"/></p> <p>C) SOCIAL INSURANCE. 1 <input type="checkbox"/>...2 <input type="checkbox"/></p>	<p>YES NO</p> <p>A) HOLIDAYS/LEAVES...1 <input type="checkbox"/>...2 <input type="checkbox"/></p> <p>B) HEALTH CARD.....1 <input type="checkbox"/>...2 <input type="checkbox"/></p> <p>C) SOCIAL INSURANCE. 1 <input type="checkbox"/>...2 <input type="checkbox"/></p>

HOUSEHOLD NO: ...

QUESTION	NAME AND ORDER NO			
55. CHECK Q50: IF Q50 = 4 → Q56; OTHER → Q58				
56. In the above secondary job, how much salary/wage did you receive during the last month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)
57. With above mention job, how much did you receive payment of overtime, premium, occupation allowance and other welfare during the last month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND DONGS)
58. How many hours did you actually work for the main above-mentioned secondary activity during last 7 days?	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS FOR THE SECONDARY JOB PER WEEK..... <input type="text"/> <input type="text"/>
G. THESE QUESTIONS ABOUT UNDEREMPLOYMENT STATUS				
59. CHECK Q43: IF Q43 = 2 → Q60; OTHER → Q61				
60. How many hours did you actually do all of other secondary jobs (not including the main job and the main secondary job) during last 7 days?	ACTUAL WORKED HOURS FOR ALL OF OTHER SECONDARY JOBS PER WEEK..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS FOR ALL OF OTHER SECONDARY JOBS PER WEEK..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS FOR ALL OF OTHER SECONDARY JOBS PER WEEK..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS FOR ALL OF OTHER SECONDARY JOBS PER WEEK..... <input type="text"/> <input type="text"/>
61. TOTAL OF ACTUAL WORKED HOURS FOR ALL OF THE JOBS DURING THE LAST 7 DAYS? REMARK: SUM RESULTS IN Q39, Q58 AND Q60	ACTUAL WORKED HOURS PER WEEK..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS PER WEEK..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS PER WEEK..... <input type="text"/> <input type="text"/>	ACTUAL WORKED HOURS PER WEEK..... <input type="text"/> <input type="text"/>

NAME AND ORDER NO QUESTION				
62. With total of the above hours actually worked, would you like to work more hours?	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q81	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q81	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q81	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q81
63. You would like to work more hours, but are you available to work more hours?	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q81	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q81	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q81	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q81
64. How many additional hours would you like to work per week?	HOURS/WEEK..... <input type="text"/> <input type="text"/> → Q81	HOURS/WEEK..... <input type="text"/> <input type="text"/> → Q81	HOURS/WEEK..... <input type="text"/> <input type="text"/> → Q81	HOURS/WEEK..... <input type="text"/> <input type="text"/> → Q81
H. THESE QUESTIONS ABOUT UNEMPLOYMENT OR INACTIVE ECONOMIC				
65. During the last 30 days, did you actively look for any work?	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q67	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q67	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q67	YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> → Q67
66. During the last 30 days, how did you seek work or apply for a job? ABBREVIATION: BUSI-PROD – BUSSINESS PRODUCTION	APPLIED FOR JOBS..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT EMPLOYMENT SERVICE.. 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES .. 3 <input type="checkbox"/> PLACED ADVERTISEMENTS.. 4 <input type="checkbox"/> RECRUITMENT NOTICE 5 <input type="checkbox"/> PREPARATION TO START BUSI-PROD 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> → Q68 (SPECIFY)	APPLIED FOR JOBS..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT EMPLOYMENT SERVICE .. 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES .. 3 <input type="checkbox"/> PLACED ADVERTISEMENTS.. 4 <input type="checkbox"/> RECRUITMENT NOTICE 5 <input type="checkbox"/> PREPARATION TO START BUSI-PROD 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> → Q68 (SPECIFY)	APPLIED FOR JOBS..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT EMPLOYMENT SERVICE.. 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES .. 3 <input type="checkbox"/> PLACED ADVERTISEMENTS.. 4 <input type="checkbox"/> RECRUITMENT NOTICE 5 <input type="checkbox"/> PREPARATION TO START BUSI-PROD 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> → Q68 (SPECIFY)	APPLIED FOR JOBS..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT EMPLOYMENT SERVICE... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES .. 3 <input type="checkbox"/> PLACED ADVERTISEMENTS.. 4 <input type="checkbox"/> RECRUITMENT NOTICE 5 <input type="checkbox"/> PREPARATION TO START BUSI-PROD 6 <input type="checkbox"/> OTHER 7 <input type="checkbox"/> → Q68 (SPECIFY)

HOUSEHOLD NO: ...

QUESTIONS				
<p>67. What is the main reason that you did not looking for work during the last 30 days?</p> <p>ABBREVIATION: BUSH-PROD: BUSINESS RODUCTION</p>	<p>DO NOT WANT/NEED TO WORK...01 <input type="checkbox"/></p> <p>BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK.....02 <input type="checkbox"/></p> <p>DON'T KNOW WHERE/ HOW TO FIND03 <input type="checkbox"/></p> <p>TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION.....04 <input type="checkbox"/></p> <p>WAIT FOR JOB/JOB APPLICATION RESULT LAUNCHING BUSH-PROD05 <input type="checkbox"/></p> <p>OFF SEASON.....06 <input type="checkbox"/></p> <p>BAD WEATHER07 <input type="checkbox"/></p> <p>BUSY IN FAMILY CARE/ RESTING08 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS09 <input type="checkbox"/></p> <p>OTHER10 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>DO NOT WANT/NEED TO WORK...01 <input type="checkbox"/></p> <p>BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK.....02 <input type="checkbox"/></p> <p>DON'T KNOW WHERE/ HOW TO FIND03 <input type="checkbox"/></p> <p>TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION.....04 <input type="checkbox"/></p> <p>WAIT FOR JOB/JOB APPLICATION RESULT LAUNCHING BUSH-PROD05 <input type="checkbox"/></p> <p>OFF SEASON.....06 <input type="checkbox"/></p> <p>BAD WEATHER07 <input type="checkbox"/></p> <p>BUSY IN FAMILY CARE/ RESTING08 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS09 <input type="checkbox"/></p> <p>OTHER10 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>DO NOT WANT/NEED TO WORK...01 <input type="checkbox"/></p> <p>BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK.....02 <input type="checkbox"/></p> <p>DON'T KNOW WHERE/ HOW TO FIND03 <input type="checkbox"/></p> <p>TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION.....04 <input type="checkbox"/></p> <p>WAIT FOR JOB/JOB APPLICATION RESULT LAUNCHING BUSH-PROD05 <input type="checkbox"/></p> <p>OFF SEASON.....06 <input type="checkbox"/></p> <p>BAD WEATHER07 <input type="checkbox"/></p> <p>BUSY IN FAMILY CARE/ RESTING08 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS09 <input type="checkbox"/></p> <p>OTHER10 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>DO NOT WANT/NEED TO WORK...01 <input type="checkbox"/></p> <p>BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK.....02 <input type="checkbox"/></p> <p>DON'T KNOW WHERE/ HOW TO FIND03 <input type="checkbox"/></p> <p>TEMPORARILY ABSENT DUE TO CUT DOWN OR STOP PRODUCTION.....04 <input type="checkbox"/></p> <p>WAIT FOR JOB/JOB APPLICATION RESULT LAUNCHING BUSH-PROD05 <input type="checkbox"/></p> <p>OFF SEASON.....06 <input type="checkbox"/></p> <p>BAD WEATHER07 <input type="checkbox"/></p> <p>BUSY IN FAMILY CARE/ RESTING08 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS09 <input type="checkbox"/></p> <p>OTHER10 <input type="checkbox"/></p> <p>(SPECIFY)</p>
<p>68. Were you available for work immediately if you have found a job during the last 7 days?</p>	<p>YES.....1 <input type="checkbox"/> → Q70</p> <p>NO.....2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q70</p> <p>NO.....2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q70</p> <p>NO.....2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q70</p> <p>NO.....2 <input type="checkbox"/></p>
<p>69. What is the main reason that you were not available for work immediately?</p>	<p>SCHOOLING/TRAINING.....1 <input type="checkbox"/></p> <p>BUSY IN FAMILY WORK2 <input type="checkbox"/></p> <p>OFF SEASON.....3 <input type="checkbox"/></p> <p>BAD WEATHER4 <input type="checkbox"/></p> <p>HAVING A REST5 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS6 <input type="checkbox"/></p> <p>OTHERS7 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>SCHOOLING/TRAINING.....1 <input type="checkbox"/></p> <p>BUSY IN FAMILY WORK2 <input type="checkbox"/></p> <p>OFF SEASON.....3 <input type="checkbox"/></p> <p>BAD WEATHER4 <input type="checkbox"/></p> <p>HAVING A REST5 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS6 <input type="checkbox"/></p> <p>OTHERS7 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>SCHOOLING/TRAINING.....1 <input type="checkbox"/></p> <p>BUSY IN FAMILY WORK2 <input type="checkbox"/></p> <p>OFF SEASON.....3 <input type="checkbox"/></p> <p>BAD WEATHER4 <input type="checkbox"/></p> <p>HAVING A REST5 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS6 <input type="checkbox"/></p> <p>OTHERS7 <input type="checkbox"/></p> <p>(SPECIFY)</p>	<p>SCHOOLING/TRAINING1 <input type="checkbox"/></p> <p>BUSY IN FAMILY WORK2 <input type="checkbox"/></p> <p>OFF SEASON.....3 <input type="checkbox"/></p> <p>BAD WEATHER4 <input type="checkbox"/></p> <p>HAVING A REST5 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS6 <input type="checkbox"/></p> <p>OTHERS7 <input type="checkbox"/></p> <p>(SPECIFY)</p>
<p>70. CHECK Q65 AND Q68: IF Q65 = 2 AND Q68 = 2 → Q72; OTHER → Q71</p>				

QUESTIONS				
71. How long were you looking or available for work?	UNDER 3 MONTHS.....1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS.....2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS.....3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS.....4 <input type="checkbox"/> 12 MONTHS AND OVER.....5 <input type="checkbox"/>	UNDER 3 MONTHS.....1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS.....2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS.....3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS.....4 <input type="checkbox"/> 12 MONTHS AND OVER.....5 <input type="checkbox"/>	UNDER 3 MONTHS.....1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS.....2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS.....3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS.....4 <input type="checkbox"/> 12 MONTHS AND OVER.....5 <input type="checkbox"/>	UNDER 3 MONTHS.....1 3 TO UNDER 6 MONTHS.....2 6 TO UNDER 9 MONTHS.....3 9 TO UNDER 12 MONTHS.....4 12 MONTHS AND OVER.....5
72. What is the main reason that you did not work during last 7 days?	STUDENT/PUPIL.....1 <input type="checkbox"/> HOUSEWORK.....2 <input type="checkbox"/> DISABILITY.....3 <input type="checkbox"/> TOO YOUNG/OLD.....4 <input type="checkbox"/> OTHER.....5 <input type="checkbox"/> (SPECIFY)	STUDENT/PUPIL.....1 <input type="checkbox"/> HOUSEWORK.....2 <input type="checkbox"/> DISABILITY.....3 <input type="checkbox"/> TOO YOUNG/OLD.....4 <input type="checkbox"/> OTHER.....5 <input type="checkbox"/> (SPECIFY)	STUDENT/PUPIL.....1 <input type="checkbox"/> HOUSEWORK.....2 <input type="checkbox"/> DISABILITY.....3 <input type="checkbox"/> TOO YOUNG/OLD.....4 <input type="checkbox"/> OTHER.....5 <input type="checkbox"/> (SPECIFY)	STUDENT/PUPIL.....1 HOUSEWORK.....2 DISABILITY.....3 TOO YOUNG/OLD.....4 OTHER.....5 (SPECIFY)
73. Have you ever worked yet?	WORKED.....1 <input type="checkbox"/> NEVER.....2 <input type="checkbox"/> → Q81	WORKED.....1 <input type="checkbox"/> NEVER.....2 <input type="checkbox"/> → Q81	WORKED.....1 <input type="checkbox"/> NEVER.....2 <input type="checkbox"/> → Q81	WORKED.....1 <input type="checkbox"/> NEVER.....2 <input type="checkbox"/> → Q81
I. THESE QUESTIONS ABOUT THE JOB THAT RESPONDENT WORKED BEFORE STOPPING WORK				
74. How long ago did you leave your previous work/job?	UNDER 3 MONTHS.....1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS.....2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS.....3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS.....4 <input type="checkbox"/> 1 TO UNDER 5 YEARS.....5 <input type="checkbox"/> 5 YEARS AND OVER.....6 <input type="checkbox"/> → Q81	UNDER 3 MONTHS.....1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS.....2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS.....3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS.....4 <input type="checkbox"/> 1 TO UNDER 5 YEARS.....5 <input type="checkbox"/> 5 YEARS AND OVER.....6 <input type="checkbox"/> → Q81	UNDER 3 MONTHS.....1 <input type="checkbox"/> 3 TO UNDER 6 MONTHS.....2 <input type="checkbox"/> 6 TO UNDER 9 MONTHS.....3 <input type="checkbox"/> 9 TO UNDER 12 MONTHS.....4 <input type="checkbox"/> 1 TO UNDER 5 YEARS.....5 <input type="checkbox"/> 5 YEARS AND OVER.....6 <input type="checkbox"/> → Q81	UNDER 3 MONTHS.....1 3 TO UNDER 6 MONTHS.....2 6 TO UNDER 9 MONTHS.....3 9 TO UNDER 12 MONTHS.....4 1 TO UNDER 5 YEARS.....5 5 YEARS AND OVER.....6 Q81 ←

HOUSEHOLD NO: ...

QUESTION	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
75. Why did you leave the last job?	WORKFORCE CUTDOWN 1 <input type="checkbox"/> DISSOLUTION/ RESTRUCTURE 2 <input type="checkbox"/> CLOSEDOWN OF ENTERPRISE/ COMPANY/HH OF TRADE 3 <input type="checkbox"/> DISMISSAL 4 <input type="checkbox"/> END OF CONTRACT 5 <input type="checkbox"/> LOW SALAR/ALLOWANCE, REGISNATION 6 <input type="checkbox"/> LOOSE FARMING LAND 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUTDOWN 1 <input type="checkbox"/> DISSOLUTION/ RESTRUCTURE 2 <input type="checkbox"/> CLOSEDOWN OF ENTERPRISE/ COMPANY/HH OF TRADE 3 <input type="checkbox"/> DISMISSAL 4 <input type="checkbox"/> END OF CONTRACT 5 <input type="checkbox"/> LOW SALAR/ALLOWANCE, REGISNATION 6 <input type="checkbox"/> LOOSE FARMING LAND 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUTDOWN 1 <input type="checkbox"/> DISSOLUTION/ RESTRUCTURE 2 <input type="checkbox"/> CLOSEDOWN OF ENTERPRISE/ COMPANY/HH OF TRADE 3 <input type="checkbox"/> DISMISSAL 4 <input type="checkbox"/> END OF CONTRACT 5 <input type="checkbox"/> LOW SALAR/ALLOWANCE, REGISNATION 6 <input type="checkbox"/> LOOSE FARMING LAND 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUTDOWN 1 <input type="checkbox"/> DISSOLUTION/ RESTRUCTURE 2 <input type="checkbox"/> CLOSEDOWN OF ENTERPRISE/ COMPANY/HH OF TRADE 3 <input type="checkbox"/> DISMISSAL 4 <input type="checkbox"/> END OF CONTRACT 5 <input type="checkbox"/> LOW SALAR/ALLOWANCE, REGISNATION 6 <input type="checkbox"/> LOOSE FARMING LAND 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> (SPECIFY)
76. What was the main type of work that you did before having break from work?	<input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)
77. With above-mentioned work, were you: - Employer (hire labour)? - Own-account worker (not to hire labour)? - Unpaid family worker - Wage worker or - Member of cooperative?	EMPLOYER 1 <input type="checkbox"/> OWN-ACCOUNT WORKER 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER 4 <input type="checkbox"/> MEMBER OF COOPERATIVE 5 <input type="checkbox"/>	EMPLOYER 1 <input type="checkbox"/> OWN-ACCOUNT WORKER 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER 4 <input type="checkbox"/> MEMBER OF COOPERATIVE 5 <input type="checkbox"/>	EMPLOYER 1 <input type="checkbox"/> OWN-ACCOUNT WORKER 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER 4 <input type="checkbox"/> MEMBER OF COOPERATIVE 5 <input type="checkbox"/>	EMPLOYER 1 <input type="checkbox"/> OWN-ACCOUNT WORKER 2 <input type="checkbox"/> UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER 4 <input type="checkbox"/> MEMBER OF COOPERATIVE 5 <input type="checkbox"/>

QUESTION				
<p>78. Does the establishment where you did the previous work belong to household/individual, household of individual production and trade, collective, private, state or foreign investment economic sector?</p> <p>ABBREVIATION: HH OF IN. PRO. TRADE: HOUSEHOLD OF INDIVIDUAL PRODUCTION AND TRADE</p>	<p>HOUSEHOLD/INDIVIDUAL.....1 <input type="checkbox"/></p> <p>HH OF IN. PRO. TRADE.....2 <input type="checkbox"/></p> <p>COLLECTIVE.....3 <input type="checkbox"/></p> <p>PRIVATE.....4 <input type="checkbox"/></p> <p>STATE:</p> <p>+ AGENCY, ORGANIZATION...5 <input type="checkbox"/></p> <p>+ NON-PRODUCTIVE.....6 <input type="checkbox"/></p> <p>+ ENTERPRISE.....7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT.....8 <input type="checkbox"/></p>	<p>HOUSEHOLD/INDIVIDUAL.....1 <input type="checkbox"/></p> <p>HH OF IN. PRO. TRADE.....2 <input type="checkbox"/></p> <p>COLLECTIVE.....3 <input type="checkbox"/></p> <p>PRIVATE.....4 <input type="checkbox"/></p> <p>STATE:</p> <p>+ AGENCY, ORGANIZATION...5 <input type="checkbox"/></p> <p>+ NON-PRODUCTIVE.....6 <input type="checkbox"/></p> <p>+ ENTERPRISE.....7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT.....8 <input type="checkbox"/></p>	<p>HOUSEHOLD/INDIVIDUAL.....1 <input type="checkbox"/></p> <p>HH OF IN. PRO. TRADE.....2 <input type="checkbox"/></p> <p>COLLECTIVE.....3 <input type="checkbox"/></p> <p>PRIVATE.....4 <input type="checkbox"/></p> <p>STATE:</p> <p>+ AGENCY, ORGANIZATION...5 <input type="checkbox"/></p> <p>+ NON-PRODUCTIVE.....6 <input type="checkbox"/></p> <p>+ ENTERPRISE.....7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT.....8 <input type="checkbox"/></p>	<p>HOUSEHOLD/INDIVIDUAL.....1 <input type="checkbox"/></p> <p>HH OF IN. PRO. TRADE.....2 <input type="checkbox"/></p> <p>COLLECTIVE.....3 <input type="checkbox"/></p> <p>PRIVATE.....4 <input type="checkbox"/></p> <p>STATE:</p> <p>+ AGENCY, ORGANIZATION...5 <input type="checkbox"/></p> <p>+ NON-PRODUCTIVE.....6 <input type="checkbox"/></p> <p>+ ENTERPRISE.....7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT.....8 <input type="checkbox"/></p>
<p>79. What was name and address of the establishment where you did the above-mentioned previous work?</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>
<p>80. What was main activity or major type of production/service of the establishment where you did the above-mentioned work?</p> <p>REMARK: FOR HOUSEHOLD/INDIVIDUAL, COMBINE WITH Q76 TO RECORD CODE OF INDUSTRY</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY)</p>
<p>81. A. CHECK: Q16=1 OR Q17=1 OR Q18=1 OR Q19=1 OR Q21=1, EMPLOYMENT IS IDENTIFIED</p> <p>B. CHECK: Q65=1 AND Q68=1, OR Q68=1 AND Q67=4/5/6/7/8/9, UNEMPLOYMENT IS IDENTIFIED</p>	<p>YES NO</p> <p>A) EMPLOYED.....1 <input type="checkbox"/> ..2 <input type="checkbox"/></p> <p>B) UNEMPLOYED.....1 <input type="checkbox"/> ..2 <input type="checkbox"/></p>	<p>YES NO</p> <p>A) EMPLOYED.....1 <input type="checkbox"/> ..2 <input type="checkbox"/></p> <p>B) UNEMPLOYED.....1 <input type="checkbox"/> ..2 <input type="checkbox"/></p>	<p>YES NO</p> <p>A) EMPLOYED.....1 <input type="checkbox"/> ..2 <input type="checkbox"/></p> <p>B) UNEMPLOYED.....1 <input type="checkbox"/> ..2 <input type="checkbox"/></p>	<p>YES NO</p> <p>A) EMPLOYED.....1 <input type="checkbox"/> ..2 <input type="checkbox"/></p> <p>B) UNEMPLOYED.....1 <input type="checkbox"/> ..2 <input type="checkbox"/></p>
<p>82. CHECK Q7: IF THERE ARE REMAIN RESPONDENTS FOR THE INTERVIEW OF "PART 2: INDIVIDUAL INFORMATION", ASK THE NEXT; OTHERWISE, END OF INTERVIEW.</p>				