

MINISTRY OF PLANNING AND INVESTMENT  
GENERAL STATISTICS OFFICE

ALL INFORMATION HEREIN  
WILL BE KEPT STRICTLY  
CONFIDENTIAL

QUESTIONNAIRE OF LABOUR FORCE AND EMPLOYMENT SURVEY OF 2010

INTERVIEWED RESULTS						IDENTIFICATION	
	DATE OF INTERVIEW	RESULT (*)	HOUR/DAY TO COME BACK	SIGNATURE OF INTERVIEWER	SIGNATURE OF HEAD		
THE 1 <sup>ST</sup>	_____	<input type="checkbox"/>	_____	_____	_____	PROVINCE/CITY: _____	<input type="checkbox"/>
THE 2 <sup>ND</sup>	_____	<input type="checkbox"/>	_____	_____	_____	DISTRICT/QUATER: _____	
THE 3 <sup>RD</sup>	_____	<input type="checkbox"/>	_____	_____	_____	COMMUNE/WARD: _____	
(*) 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)						ENUMERATION AREA NUMBER: .....	<input type="checkbox"/>
						ENUMERATION AREA NAME: _____	
						HOUSEHOLD NUMBER: _____	<input type="checkbox"/>
						FULL-NAME OF THE HOUSEHOLD HEAD: _____	
						NUMBER OF USUAL RESIDENTS IN THE HOUSEHOLD:.....	<input type="checkbox"/>
						OF WHICH, NUMBER OF FEMALES:.....	<input type="checkbox"/>
						NUMBER OF MALES AGED 15 AND OVER:.....	<input type="checkbox"/>
						NUMBER OF FEMALES AGED 15 AND OVER:.....	<input type="checkbox"/>
						NUMBER OF EMPLOYED PEOPLE: .....	<input type="checkbox"/>
						NUMBER OF UNEMPLOYED PEOPLE: .....	<input type="checkbox"/>
						NUMBER OF UNDER-EMPLOYED PEOPLE: .....	<input type="checkbox"/>
THIS IS THE <input type="checkbox"/> SET OF <input type="checkbox"/> TOTAL SET(S)							

## PART 1: HOUSEHOLD QUESTIONNAIRE

QUESTIONS/FILTER	NUMBER ..... 0 1	NUMBER ..... 0 2	NUMBER ..... 0 3	NUMBER ..... 0 4	NUMBER ..... 0 5	NUMBER ..... 0 6	
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's head?	H.H HEAD.....1 <input type="checkbox"/> SPOUSE.....2 <input type="checkbox"/> NATURAL CHILD....3 <input type="checkbox"/> PARENTS .....4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>	H.H HEAD ..... 1 <input type="checkbox"/> SPOUSE ..... 2 <input type="checkbox"/> NATURAL CHILD .... 3 <input type="checkbox"/> PARENTS ..... 4 <input type="checkbox"/> OTHERS ..... 5 <input type="checkbox"/>	H.H HEAD ..... 1 <input type="checkbox"/> SPOUSE ..... 2 <input type="checkbox"/> NATURAL CHILD .... 3 <input type="checkbox"/> PARENTS ..... 4 <input type="checkbox"/> OTHERS ..... 5 <input type="checkbox"/>	H.H HEAD.....1 <input type="checkbox"/> SPOUSE.....2 <input type="checkbox"/> NATURAL CHILD ....3 <input type="checkbox"/> PARENTS .....4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>	H.H HEAD.....1 <input type="checkbox"/> SPOUSE.....2 <input type="checkbox"/> NATURAL CHILD....3 <input type="checkbox"/> PARENTS .....4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>	H.H HEAD ..... 1 <input type="checkbox"/> SPOUSE ..... 2 <input type="checkbox"/> NATURAL CHILD .... 3 <input type="checkbox"/> PARENTS ..... 4 <input type="checkbox"/> OTHERS ..... 5 <input type="checkbox"/>	H.H HEAD ..... 1 <input type="checkbox"/> SPOUSE ..... 2 <input type="checkbox"/> NATURAL CHILD .... 3 <input type="checkbox"/> PARENTS ..... 4 <input type="checkbox"/> OTHERS ..... 5 <input type="checkbox"/>
3. Is [NAME] male of female?	MALE .... 1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE .... 1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE .... 1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE .... 1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE .... 1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	MALE .... 1 <input type="checkbox"/> FEMALE...2 <input type="checkbox"/>	
4. In what solar month and year was [NAME] born?	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	
5. What is [NAME]'s age as 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"/>	
6. To what ethnic group does [NAME] belong?	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> _____ NAME OF ETHNIC GROUP	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> _____ NAME OF ETHNIC GROUP	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> _____ NAME OF ETHNIC GROUP	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> _____ NAME OF ETHNIC GROUP	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> _____ NAME OF ETHNIC GROUP	KINH.....1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> _____ NAME OF ETHNIC GROUP	
7. RESPONDENTS FOR INTERVIEWING THE INDIVIDUAL QUESTIONNAIRE (AGED 15 AND OVER)	BE RESPONDENT ..... 1 <input type="checkbox"/> NO RESPONDENT ..... 2 <input type="checkbox"/> NEXT PERSON ←	BE RESPONDENT.....1 <input type="checkbox"/> NO RESPONDENT ..... 2 <input type="checkbox"/> NEXT PERSON ←	BE RESPONDENT.....1 <input type="checkbox"/> NO RESPONDENT ..... 2 <input type="checkbox"/> NEXT PERSON ←	BE RESPONDENT ..... 1 <input type="checkbox"/> NO RESPONDENT ..... 2 <input type="checkbox"/> NEXT PERSON ←	BE RESPONDENT.....1 <input type="checkbox"/> NO RESPONDENT ..... 2 <input type="checkbox"/> NEXT PERSON ←	BE RESPONDENT ..... 1 <input type="checkbox"/> NO RESPONDENT ..... 2 <input type="checkbox"/> NEXT PERSON ←	

HOUSEHOLD NO: ...

## PART 2: INDIVIDUAL QUESTIONNAIRE

NAME AND ORDER NO.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
QUESTIONS				
8. What is the current marital status of [NAME]?	SINGLE..... 1 <input type="checkbox"/> CURRENTLY MARRIED ..... 2 <input type="checkbox"/> WIDOWED ..... 3 <input type="checkbox"/> DIVORCED/ SEPARATED ..... 4 <input type="checkbox"/>	SINGLE..... 1 <input type="checkbox"/> CURRENTLY MARRIED ..... 2 <input type="checkbox"/> WIDOWED ..... 3 <input type="checkbox"/> DIVORCED/ SEPARATED ..... 4 <input type="checkbox"/>	SINGLE..... 1 <input type="checkbox"/> CURRENTLY MARRIED ..... 2 <input type="checkbox"/> WIDOWED ..... 3 <input type="checkbox"/> DIVORCED/ SEPARATED ..... 4 <input type="checkbox"/>	SINGLE ..... 1 CURRENTLY MARRIED ..... 2 WIDOWED ..... 3 DIVORCED/ SEPARATED ..... 4
9. What is the highest grade of education/training (regular and unregular) that [NAME] has been attended or graduated?  <b>ABBREVIATION:</b> VOC. - VOCATIONAL	NEVER ATTENDED..... 00 <input type="checkbox"/> UNDER 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"/> UNDER 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"/> UNDER 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 UNDER 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
<b>Now, I would like to ask some questions about activities related to work/job during the last 7 days</b>				
10. During the last 7 days, did [NAME] do any work to make profit?	YES.....1 <input type="checkbox"/> → Q14a NO .....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q14a NO .....2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> → Q14a NO ..... 2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> → Q14a NO ..... 2 <input type="checkbox"/>
11. Although [NAME] did not work during the last 7 days, does [NAME] still receive wages, salaries or profits from his/her work or business?	YES.....1 <input type="checkbox"/> → Q13 NO .....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> → Q13 NO .....2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> → Q13 NO ..... 2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> → Q13 NO ..... 2 <input type="checkbox"/>

<div style="text-align: right;">NAME AND ORDER NO.</div> <div style="text-align: left;">QUESTIONS</div>	<div style="text-align: right;">_____ <input type="text"/></div>	<div style="text-align: right;">_____ <input type="text"/></div>	<div style="text-align: right;">_____ <input type="text"/></div>	<div style="text-align: right;">_____ <input type="text"/></div>
12. Did [NAME] have a job and will return to work during the next 30 days?	YES.....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q29	YES.....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q29	YES .....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q29	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q29
13. How long has [NAME] been temporarily absent from work?	UNDER 1 MONTH ..... 1 <input type="checkbox"/> 1 TO UNDER 2 MONTHS ..... 2 <input type="checkbox"/> 2 MONTHS AND OVER ..... 3 <input type="checkbox"/> <div style="text-align: right;">Q14b ←</div>	UNDER 1 MONTH ..... 1 <input type="checkbox"/> 1 TO UNDER 2 MONTHS ..... 2 <input type="checkbox"/> 2 MONTHS AND OVER ..... 3 <input type="checkbox"/> <div style="text-align: right;">Q14b ←</div>	UNDER 1 MONTH .....1 <input type="checkbox"/> 1 TO UNDER 2 MONTHS .....2 <input type="checkbox"/> 2 MONTHS AND OVER .....3 <input type="checkbox"/> <div style="text-align: right;">Q14b ←</div>	UNDER 1 MONTH..... 1 1 TO UNDER 2 MONTHS..... 2 2 MONTHS AND OVER..... 3 <div style="text-align: right;">Q14b ←</div>
14a. During the last 7 days, what was the main type of work [NAME] did and what position did [NAME] hold for the mentioned work (if available)?	_____ _____ _____ <input type="text"/>	_____ _____ _____ <input type="text"/>	_____ _____ _____ <input type="text"/>	_____ _____ _____ <input type="text"/>
14b. What was the main type of work [NAME] did before having break temporarily from work?	(SPECIFY) _____ <input type="text"/>	(SPECIFY) _____ <input type="text"/>	(SPECIFY) _____ <input type="text"/>	(SPECIFY) _____ <input type="text"/>
15. With above-mentioned work, is [NAME] the employer, own-account worker, unpaid family worker, wage worker, member of cooperative or apprentice?	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"/> APPRENTICE ..... 6 <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"/> APPRENTICE ..... 6 <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"/> APPRENTICE..... 6 <input type="checkbox"/>	EMPLOYER ..... 1 OWN-ACCOUNT WORKER..... 2 UNPAID FAMILY WORKER ..... 3 WAGE WORKER ..... 4 MEMBER OF COOPERATIVE .... 5 APPRENTICE..... 6
16. Does the establishment where [NAME] did the above-mentioned work belong to individual, household of individual production and trade, collective, private, state or foreign investment economic sector?  <b>ABBREVIATION:</b> A-F-F: AGRICULTURE-FORESTRY-FISHERY HH OF IN. PRO.TRADE: HOUSEHOLD OF INDIVIDUAL PRODUCTION AND TRADE	A-F-F HOUSEHOLD/INDIVIDUAL..... 1 <input type="checkbox"/> <div style="text-align: right;">Q19 ←</div> HH OF IN. PRO.TRADE ..... 2 <input type="checkbox"/> <div style="text-align: right;">Q18 ←</div> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE..... 4 <input type="checkbox"/> STATE..... 5 <input type="checkbox"/> FOREIGN INVESTMENT ..... 6 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL..... 1 <input type="checkbox"/> <div style="text-align: right;">Q19 ←</div> HH OF IN. PRO.TRADE ..... 2 <input type="checkbox"/> <div style="text-align: right;">Q18 ←</div> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE ..... 4 <input type="checkbox"/> STATE ..... 5 <input type="checkbox"/> FOREIGN INVESTMENT ..... 6 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL..... 1 <input type="checkbox"/> <div style="text-align: right;">Q19 ←</div> HH OF IN. PRO.TRADE ..... 2 <input type="checkbox"/> <div style="text-align: right;">Q18 ←</div> COLLECTIVE ..... 3 <input type="checkbox"/> PRIVATE ..... 4 <input type="checkbox"/> STATE ..... 5 <input type="checkbox"/> FOREIGN INVESTMENT ..... 6 <input type="checkbox"/>	A-F-F HOUSEHOLD/INDIVIDUAL..... 1 <div style="text-align: right;">Q19 ←</div> HH OF IN. PRO.TRADE ..... 2 <div style="text-align: right;">Q18 ←</div> COLLECTIVE..... 3 PRIVATE..... 4 STATE..... 5 FOREIGN INVESTMENT ..... 6

HOUSEHOLD NO: ...

<div style="text-align: right; font-size: small;">NAME AND ORDER NO.</div> <div style="font-weight: bold;">QUESTIONS</div>	<div style="text-align: right; font-size: small;">_____ <input type="text"/></div>	<div style="text-align: right; font-size: small;">_____ <input type="text"/></div>	<div style="text-align: right; font-size: small;">_____ <input type="text"/></div>	<div style="text-align: right; font-size: small;">_____ <input type="text"/></div>
17. What is the name of the establishment where [NAME] did the above-mentioned work and the name of its direct supervision organization (IF AVAILABLE)?	_____ _____	_____ _____	_____ _____	_____ _____
18. What are the main responsibility/product of the establishment where [NAME] did the above-mentioned work?	_____ _____ _____ (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) <input type="text"/> <input type="text"/>
19. How many persons usually work in the establishment where [NAME] worked?	1-20 PERSONS ..... 1 <input type="checkbox"/> <input type="text"/> 21- UNDER 300 PERSONS ..... 2 <input type="checkbox"/> 300 PERSONS OR MORE ..... 3 <input type="checkbox"/>	1-20 PERSONS ..... 1 <input type="checkbox"/> <input type="text"/> 21- UNDER 300 PERSONS ..... 2 <input type="checkbox"/> 300 PERSONS OR MORE ..... 3 <input type="checkbox"/>	1-20 PERSONS ..... 1 <input type="checkbox"/> <input type="text"/> 21- UNDER 300 PERSONS ..... 2 <input type="checkbox"/> 300 PERSONS OR MORE ..... 3 <input type="checkbox"/>	1-20 PERSONS ..... 1 <input type="checkbox"/> <input type="text"/> 21- UNDER 300 PERSONS ..... 2 <input type="checkbox"/> 300 PERSONS OR MORE ..... 3 <input type="checkbox"/>
20. How long has [NAME] worked 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"/>	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"/>	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"/>	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"/>
21. Apart from the above-mentioned main job, did [NAME] <b>have any other job, work</b> to make income during the last 7 days?	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/>
22. How many hours did [NAME] actually work, including main and secondary jobs during last 7 days?	ACTUAL HOURS WORKED/ WEEK ..... <input type="text"/>	ACTUAL HOURS WORKED/ WEEK ..... <input type="text"/>	ACTUAL HOURS WORKED/ WEEK ..... <input type="text"/>	ACTUAL HOURS WORKED/ WEEK ..... <input type="text"/>

NAME AND ORDER NO.	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ]
QUESTIONS				
<b>23. CHECK Q22: IF Q22 &lt; 35 HOURS → Q24; IF NO → Q27</b>				
24. Did [NAME] want to work overtime?	YES.....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q27	YES.....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q27	YES .....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q27	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q27
25. If suitable work is available, is [NAME] available to work immediately?	YES.....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q27	YES.....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q27	YES .....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q27	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q27
26. How many hours overtime per week do [NAME] want to work?	N° OF HOURS/WEEK ..... [ ] [ ]	N° OF HOURS/WEEK ..... [ ] [ ]	N° OF HOURS/WEEK ..... [ ] [ ]	N° OF HOURS/WEEK ..... [ ] [ ]
<b>27. CHECK Q 15: IF Q15 = 4 → Q28; IF NO → Q40</b>				
28. What is the average monthly salary/wage made by [NAME] before paying taxes or deduction?	[ ] [ ] [ ] [ ] [ ] [ ] Q40 ← (THOUSAND VND)	[ ] [ ] [ ] [ ] [ ] [ ] Q40 ← (THOUSAND VND)	[ ] [ ] [ ] [ ] [ ] [ ] Q40 ← (THOUSAND VND)	[ ] [ ] [ ] [ ] [ ] [ ] Q40 ← (THOUSAND VND)
29. During the last 30 days, did [NAME] actively look for any work?	YES.....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q32	YES.....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q32	YES .....1 <input type="checkbox"/> NO .....2 <input type="checkbox"/> → Q32	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q32
30. During the last 30 days, how did [NAME] seek work or apply for a job?	APPLIED FOR JOBS ..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT PUBLIC EMPLOYMENT SERVICE..... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES..... 3 <input type="checkbox"/> PLACED ADVERTISEMENTS ..... 4 <input type="checkbox"/> LOOKED AT ADVERTISEMENTS OF RECRUITMENT ..... 5 <input type="checkbox"/> PREPARATION FOR SETING UP A BUSINESS ..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY)	APPLIED FOR JOBS ..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT PUBLIC EMPLOYMENT SERVICE..... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES..... 3 <input type="checkbox"/> PLACED ADVERTISEMENTS..... 4 <input type="checkbox"/> LOOKED AT ADVERTISEMENTS OF RECRUITMENT ..... 5 <input type="checkbox"/> PREPARATION FOR SETING UP A BUSINESS ..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY)	APPLIED FOR JOBS ..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT PUBLIC EMPLOYMENT SERVICE..... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES..... 3 <input type="checkbox"/> PLACED ADVERTISEMENTS..... 4 <input type="checkbox"/> LOOKED AT ADVERTISEMENTS OF RECRUITMENT ..... 5 <input type="checkbox"/> PREPARATION FOR SETING UP A BUSINESS ..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY)	APPLIED FOR JOBS ..... 1 <input type="checkbox"/> CONTACTED/CHECKED AT PUBLIC EMPLOYMENT SERVICE..... 2 <input type="checkbox"/> VIA FRIENDS AND RELATIVES..... 3 <input type="checkbox"/> PLACED ADVERTISEMENTS..... 4 <input type="checkbox"/> LOOKED AT ADVERTISEMENTS OF RECRUITMENT ..... 5 <input type="checkbox"/> PREPARATION FOR SETING UP A BUSINESS ..... 6 <input type="checkbox"/> OTHERS ..... 7 <input type="checkbox"/> (SPECIFY)

HOUSEHOLD NO:...

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NAME AND ORDER NO.				
<b>QUESTIONS</b>				
31. When did [NAME] start to seek for above work?	MONTH..... YEAR.....	MONTH..... YEAR.....	MONTH..... YEAR.....	MONTH..... YEAR.....
32. During the last 7 days, would [NAME] be available for work if you have found a work?	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/>	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/>	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/>
<b>33. CHECK Q29 AND Q32: IF Q29 = 1 AND Q32 = 1 → Q36; IF NO → Q34</b>				
34a. <b>IF Q29 = 2:</b> What is the main reason [NAME] did not look for work during the last 30 days?	NO SUITABLE WORK/ DON'T KNOW WHERE..... 1 <input type="checkbox"/>	NO SUITABLE WORK/ DON'T KNOW WHERE..... 1 <input type="checkbox"/>	NO SUITABLE WORK/ DON'T KNOW WHERE ..... 1 <input type="checkbox"/>	NO SUITABLE WORK/ DON'T KNOW WHERE ..... 1 <input type="checkbox"/>
	WAIT FOR JOB/ SEASON ..... 2 <input type="checkbox"/>	WAIT FOR JOB/ SEASON ..... 2 <input type="checkbox"/>	WAIT FOR JOB/ SEASON..... 2 <input type="checkbox"/>	WAIT FOR JOB/ SEASON ..... 2 <input type="checkbox"/>
34b. <b>IF Q32 = 2:</b> What is the main reason [NAME] was not available for work immediately?  <i>REMARK:</i> Q29 = 2 AND Q32 = 2, ASK Q34a	ILLNESS/PERSONAL MATTER ..... 3 <input type="checkbox"/>	ILLNESS/PERSONAL MATTER ..... 3 <input type="checkbox"/>	ILLNESS/PERSONAL MATTER ..... 3 <input type="checkbox"/>	ILLNESS/PERSONAL MATTER ..... 3 <input type="checkbox"/>
	BAD WEATHER ..... 4 <input type="checkbox"/>	BAD WEATHER ..... 4 <input type="checkbox"/>	BAD WEATHER..... 4 <input type="checkbox"/>	BAD WEATHER ..... 4 <input type="checkbox"/>
	ATTENDING SCHOOL ..... 5 <input type="checkbox"/>	ATTENDING SCHOOL ..... 5 <input type="checkbox"/>	ATTENDING SCHOOL..... 5 <input type="checkbox"/>	ATTENDING SCHOOL ..... 5 <input type="checkbox"/>
	HOUSEWORK ..... 6 <input type="checkbox"/>	HOUSEWORK ..... 6 <input type="checkbox"/>	HOUSEWORK ..... 6 <input type="checkbox"/>	HOUSEWORK ..... 6 <input type="checkbox"/>
	DISABLED/TOO YOUNG/TOO OLD .. 7 <input type="checkbox"/>	DISABLED/TOO YOUNG/TOO OLD .. 7 <input type="checkbox"/>	DISABLED/TOO YOUNG/TOO OLD .. 7 <input type="checkbox"/>	DISABLED/TOO YOUNG/TOO OLD .. 7 <input type="checkbox"/>
	NOT WILLING TO WORK ..... 8 <input type="checkbox"/>	NOT WILLING TO WORK ..... 8 <input type="checkbox"/>	NOT WILLING TO WORK ..... 8 <input type="checkbox"/>	NOT WILLING TO WORK ..... 8 <input type="checkbox"/>
	OTHER ..... 9 <input type="checkbox"/> (SPECIFY)	OTHER ..... 9 <input type="checkbox"/> (SPECIFY)	OTHER ..... 9 <input type="checkbox"/> (SPECIFY)	OTHER ..... 9 <input type="checkbox"/> (SPECIFY)
35. What is the main reason [NAME] did not work during the last 7 days?	STUDENT/PUPIL ..... 1 <input type="checkbox"/>	STUDENT/PUPIL ..... 1 <input type="checkbox"/>	STUDENT/PUPIL ..... 1 <input type="checkbox"/>	STUDENT/PUPIL ..... 1 <input type="checkbox"/>
	HOUSEWORK..... 2 <input type="checkbox"/>	HOUSEWORK ..... 2 <input type="checkbox"/>	HOUSEWORK ..... 2 <input type="checkbox"/>	HOUSEWORK ..... 2 <input type="checkbox"/>
	SICKNESS/DISABILITY ..... 3 <input type="checkbox"/>	SICKNESS/DISABILITY ..... 3 <input type="checkbox"/>	SICKNESS/DISABILITY..... 3 <input type="checkbox"/>	SICKNESS/DISABILITY ..... 3 <input type="checkbox"/>
	TOO YOUNG/OLD..... 4 <input type="checkbox"/>	TOO YOUNG/OLD..... 4 <input type="checkbox"/>	TOO YOUNG/OLD..... 4 <input type="checkbox"/>	TOO YOUNG/OLD..... 4 <input type="checkbox"/>
	OTHER ..... 5 <input type="checkbox"/> (SPECIFY)	OTHER ..... 5 <input type="checkbox"/> (SPECIFY)	OTHER ..... 5 <input type="checkbox"/> (SPECIFY)	OTHER ..... 5 <input type="checkbox"/> (SPECIFY)
36. Has [NAME] ever worked yet?	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q40	YES..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q40	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q40	YES ..... 1 <input type="checkbox"/> NO ..... 2 <input type="checkbox"/> → Q40

<div style="text-align: right;">NAME AND ORDER NO.</div> <b>QUESTIONS</b>	<div style="text-align: right;">_____ <input type="text"/></div>	<div style="text-align: right;">_____ <input type="text"/></div>	<div style="text-align: right;">_____ <input type="text"/></div>	<div style="text-align: right;">_____ <input type="text"/></div>
37. When (solar calendar's month and year) did [NAME] leave previous work/job	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	MONTH..... <input type="text"/> YEAR..... <input type="text"/>
<b>38. CHECK Q37: IF YEAR ≥ 2008 → Q39; IF NO → Q40</b>				
39. Why did [NAME] leave the last job?  <b>ABBREVIATION:</b> IND ENTER: INDIVIDUAL ENTERPRISE LTD CO: LIMITED COMPANY HH OF TRADE: HOUSEHOLD OF TRADE	WORKFORCE CUT DOWN ..... 1 <input type="checkbox"/> DISSOLUTION/RESTRUCTURE 2 <input type="checkbox"/> CLOSE DOWN OF IND ENTER/ LTD CO/HH OF TRADE ..... 3 <input type="checkbox"/> DISMISSAL..... 4 <input type="checkbox"/> END OF CONTRACT ..... 5 <input type="checkbox"/> RESIGNATION/LOW INCOME.... 6 <input type="checkbox"/> LOOSE FARMING LAND ..... 7 <input type="checkbox"/> OTHER ..... 8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUT DOWN ..... 1 <input type="checkbox"/> DISSOLUTION/RESTRUCTURE 2 <input type="checkbox"/> CLOSE DOWN OF IND ENTER/ LTD CO/HH OF TRADE ..... 3 <input type="checkbox"/> DISMISSAL..... 4 <input type="checkbox"/> END OF CONTRACT ..... 5 <input type="checkbox"/> RESIGNATION/LOW INCOME.... 6 <input type="checkbox"/> LOOSE FARMING LAND ..... 7 <input type="checkbox"/> OTHER ..... 8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUT DOWN ..... 1 <input type="checkbox"/> DISSOLUTION/RESTRUCTURE 2 <input type="checkbox"/> CLOSE DOWN OF IND ENTER/ LTD CO/HH OF TRADE ..... 3 <input type="checkbox"/> DISMISSAL..... 4 <input type="checkbox"/> END OF CONTRACT ..... 5 <input type="checkbox"/> RESIGNATION/LOW INCOME ... 6 <input type="checkbox"/> LOOSE FARMING LAND ..... 7 <input type="checkbox"/> OTHER ..... 8 <input type="checkbox"/> (SPECIFY)	WORKFORCE CUT DOWN ..... 1 DISSOLUTION/RESTRUCTURE 2 CLOSE DOWN OF IND ENTER/ LTD CO/HH OF TRADE ..... 3 DISMISSAL ..... 4 END OF CONTRACT ..... 5 RESIGNATION/LOW INCOME.... 6 LOOSE FARMING LAND ..... 7 OTHER ..... 8 (SPECIFY)
40. <b>CHECK:</b> Q14 HAS INFORMATION, WRITE THE CROSS (X) ON THE BOX '1' (EMPLOYED)  <b>CHECK:</b> Q29 = 1 AND Q32 = 1, OR Q34 = 2/3/4, WRITE THE CROSS (X) ON THE BOX '2' (UNEMPLOYED)  <b>CHECK:</b> Q24 = 1 AND Q25 = 1, WRITE THE CROSS (X) ON THE BOX '3' (UNDER-EMPLOYED)  <b>CHECK:</b> Q34 = 1, WRITE THE CROSS (X) ON THE BOX '4' (DISCOURAGED-WORKER)	EMPLOYED ..... 1 <input type="checkbox"/>  UNEMPLOYED ..... 2 <input type="checkbox"/>  UNDER-EMPLOYED..... 3 <input type="checkbox"/>  DISCOURAGED-WORKER..... 4 <input type="checkbox"/>	EMPLOYED ..... 1 <input type="checkbox"/>  UNEMPLOYED ..... 2 <input type="checkbox"/>  UNDER-EMPLOYED..... 3 <input type="checkbox"/>  DISCOURAGED-WORKER..... 4 <input type="checkbox"/>	EMPLOYED ..... 1 <input type="checkbox"/>  UNEMPLOYED ..... 2 <input type="checkbox"/>  UNDER-EMPLOYED ..... 3 <input type="checkbox"/>  DISCOURAGED-WORKER ..... 4 <input type="checkbox"/>	EMPLOYED ..... 1  UNEMPLOYED ..... 2  UNDER-EMPLOYED..... 3  DISCOURAGED-WORKER..... 4
<b>41. CHECK Q7: IF THERE ARE NO RESPONDENTS FOR INDIVIDUAL QUESTIONNAIRE INTERVIEW, END INTERVIEW AND COME BACK TO COMPLETE THE COVER PAGE</b>				