

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 (Period 2)

INTERVIEWED RESULTS						IDENTIFICATION							
	DATE OF INTERVIEW	RESULT (*)	HOUR/DAY TO COME BACK	SIGNATURE OF INTERVIEWER	SIGNATURE OF HEAD								
THE 1 ST	_____	<input type="checkbox"/>	_____	_____	_____	PROVINCE/CITY: _____	<input style="width: 20px; height: 20px;" type="text"/>						
THE 2 ND	_____	<input type="checkbox"/>	_____	_____	_____	DISTRICT/QUATER: _____							
THE 3 RD	_____	<input type="checkbox"/>	_____	_____	_____	COMMUNE/WARD: _____							
<p>(*) 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)</p>						ENUMERATION AREA NUMBER:	<input style="width: 20px; height: 20px;" type="text"/>						
												ENUMERATION AREA NAME: _____	
												HOUSEHOLD NUMBER: _____	<input style="width: 20px; height: 20px;" type="text"/>
												FULL-NAME OF THE HOUSEHOLD HEAD: _____	
												NUMBER OF USUAL RESIDENTS IN THE HOUSEHOLD:	<input style="width: 20px; height: 20px;" type="text"/>
												OF WHICH, NUMBER OF FEMALES:	<input style="width: 20px; height: 20px;" type="text"/>
												NUMBER OF MALES AGED 15 AND OVER:	<input style="width: 20px; height: 20px;" type="text"/>
												NUMBER OF FEMALES AGED 15 AND OVER:	<input style="width: 20px; height: 20px;" type="text"/>
												NUMBER OF EMPLOYED PEOPLE:	<input style="width: 20px; height: 20px;" type="text"/>
												NUMBER OF UNEMPLOYED PEOPLE:	<input style="width: 20px; height: 20px;" type="text"/>
						NUMBER OF UNDER-EMPLOYED PEOPLE:	<input style="width: 20px; height: 20px;" type="text"/>						
THIS IS THE <input style="width: 20px; height: 20px;" type="text"/> SET OF <input style="width: 20px; height: 20px;" type="text"/> 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"/> PARENTS4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>	H.H HEAD 1 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> NATURAL CHILD3 <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 CHILD3 <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 CHILD3 <input type="checkbox"/> PARENTS4 <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"/> PARENTS4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>	H.H HEAD 1 <input type="checkbox"/> SPOUSE 2 <input type="checkbox"/> NATURAL CHILD3 <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 CHILD3 <input type="checkbox"/> PARENTS 4 <input type="checkbox"/> OTHERS 5 <input type="checkbox"/>
3. Is [NAME] male of female?	MALE1 <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"/>	MALE1 <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 YEAR Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH YEAR Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH YEAR Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH YEAR Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH YEAR Q6 ← NOT STATED YEAR 9998 <input type="checkbox"/>	MONTH YEAR 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 	AGE 	AGE 	AGE 	AGE 	AGE 	
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 RESPONDENT2 <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 RESPONDENT2 <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. QUESTIONS	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
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? ABBREVIATION: 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
Now, I would like to ask some questions about activities related to work/job during the last 7 days				
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"/>
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

NAME AND ORDER NO. QUESTIONS																																																				
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"/> Q14b ←	UNDER 1 MONTH 1 <input type="checkbox"/> 1 TO UNDER 2 MONTHS 2 <input type="checkbox"/> 2 MONTHS AND OVER 3 <input type="checkbox"/> Q14b ←	UNDER 1 MONTH 1 <input type="checkbox"/> 1 TO UNDER 2 MONTHS 2 <input type="checkbox"/> 2 MONTHS AND OVER 3 <input type="checkbox"/> Q14b ←	UNDER 1 MONTH 1 1 TO UNDER 2 MONTHS 2 2 MONTHS AND OVER 3 Q14b ←																																																
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)? ----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----																																																
14b. What was the main type of work [NAME] did before having break temporarily from work? (SPECIFY)	----- (SPECIFY)	----- (SPECIFY)	----- (SPECIFY)	----- (SPECIFY)																																																
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"/> Q15a3 ← 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"/> Q15a3 ← 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"/> Q15a3 ← 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 Q15a3 ← UNPAID FAMILY WORKER 3 WAGE WORKER 4 MEMBER OF COOPERATIVE 5 APPRENTICE 6																																																
15a. With the above-mentioned job, did [NAME] receive the following: 1. Pay slip? 2. Paid public holidays/leaves? 3. Social insurance?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PAY SLIP 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>HOLIDAYS/LEAVES 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SOCIAL INSURANCE 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		YES	NO	PAY SLIP 1.	<input type="checkbox"/>	<input type="checkbox"/>	HOLIDAYS/LEAVES 1.	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL INSURANCE 1.	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PAY SLIP 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>HOLIDAYS/LEAVES 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SOCIAL INSURANCE 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		YES	NO	PAY SLIP 1.	<input type="checkbox"/>	<input type="checkbox"/>	HOLIDAYS/LEAVES 1.	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL INSURANCE 1.	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PAY SLIP 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>HOLIDAYS/LEAVES 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SOCIAL INSURANCE 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		YES	NO	PAY SLIP 1.	<input type="checkbox"/>	<input type="checkbox"/>	HOLIDAYS/LEAVES 1.	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL INSURANCE 1.	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PAY SLIP 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>HOLIDAYS/LEAVES 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SOCIAL INSURANCE 1.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		YES	NO	PAY SLIP 1.	<input type="checkbox"/>	<input type="checkbox"/>	HOLIDAYS/LEAVES 1.	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL INSURANCE 1.	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO																																																		
PAY SLIP 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
HOLIDAYS/LEAVES 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
SOCIAL INSURANCE 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
	YES	NO																																																		
PAY SLIP 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
HOLIDAYS/LEAVES 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
SOCIAL INSURANCE 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
	YES	NO																																																		
PAY SLIP 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
HOLIDAYS/LEAVES 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
SOCIAL INSURANCE 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
	YES	NO																																																		
PAY SLIP 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
HOLIDAYS/LEAVES 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
SOCIAL INSURANCE 1.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
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? ABBREVIATION: 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"/> Q19a2 ← HH OF IN. PRO.TRADE 2 <input type="checkbox"/> Q18 ← 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"/> Q19a2 ← HH OF IN. PRO.TRADE 2 <input type="checkbox"/> Q18 ← 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"/> Q19a2 ← HH OF IN. PRO.TRADE 2 <input type="checkbox"/> Q18 ← 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 Q19a2 ← HH OF IN. PRO.TRADE 2 Q18 ← COLLECTIVE 3 PRIVATE 4 STATE 5 FOREIGN INVESTMENT 6																																																

HOUSEHOLD NO: ...

<div style="text-align: right; font-weight: normal;">NAME AND ORDER NO.</div> <div style="font-weight: bold;">QUESTIONS</div>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>																																																												
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)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																																																												
18. What are the main responsibility/product of the establishment where [NAME] did the above-mentioned work?	<input type="text"/> <input type="text"/> (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> (SPECIFY) <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> (SPECIFY) <input type="text"/> <input type="text"/>																																																												
19a. Does the establishment where [NAME] worked have the following: 1. Business registration? 2. Tax code registration? 3. Social security registration? 4. Written accounts?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BUSINESS REGISTR</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>TAX CODE REGISTR</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>SOCIAL SECURITY</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>WRITTEN ACCOUNTS ...</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> </table>		YES	NO	BUSINESS REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>	TAX CODE REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>	SOCIAL SECURITY	1. <input type="checkbox"/>	2. <input type="checkbox"/>	WRITTEN ACCOUNTS ...	1. <input type="checkbox"/>	2. <input type="checkbox"/>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BUSINESS REGISTR</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>TAX CODE REGISTR</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>SOCIAL SECURITY</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>WRITTEN ACCOUNTS ...</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> </table>		YES	NO	BUSINESS REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>	TAX CODE REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>	SOCIAL SECURITY	1. <input type="checkbox"/>	2. <input type="checkbox"/>	WRITTEN ACCOUNTS ...	1. <input type="checkbox"/>	2. <input type="checkbox"/>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BUSINESS REGISTR</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>TAX CODE REGISTR</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>SOCIAL SECURITY</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>WRITTEN ACCOUNTS</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> </table>		YES	NO	BUSINESS REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>	TAX CODE REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>	SOCIAL SECURITY	1. <input type="checkbox"/>	2. <input type="checkbox"/>	WRITTEN ACCOUNTS	1. <input type="checkbox"/>	2. <input type="checkbox"/>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BUSINESS REGISTR</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>TAX CODE REGISTR</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>SOCIAL SECURITY</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>WRITTEN ACCOUNTS ...</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> </table>		YES	NO	BUSINESS REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>	TAX CODE REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>	SOCIAL SECURITY	1. <input type="checkbox"/>	2. <input type="checkbox"/>	WRITTEN ACCOUNTS ...	1. <input type="checkbox"/>	2. <input type="checkbox"/>
	YES	NO																																																														
BUSINESS REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
TAX CODE REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
SOCIAL SECURITY	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
WRITTEN ACCOUNTS ...	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
	YES	NO																																																														
BUSINESS REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
TAX CODE REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
SOCIAL SECURITY	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
WRITTEN ACCOUNTS ...	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
	YES	NO																																																														
BUSINESS REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
TAX CODE REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
SOCIAL SECURITY	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
WRITTEN ACCOUNTS	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
	YES	NO																																																														
BUSINESS REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
TAX CODE REGISTR	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
SOCIAL SECURITY	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
WRITTEN ACCOUNTS ...	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
19. How many persons usually work in the establishment where [NAME] worked?	1-20 PERSONS 1 <input type="checkbox"/> <input type="text"/> <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"/> <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"/> <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] have any other job, work 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"/>																																																												

NAME AND ORDER NO. QUESTIONS				
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"/>
23. CHECK Q22: IF Q22 < 35 HOURS → Q24; IF NO → Q27				
24. Did [NAME] want to work overtime?	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q27	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q27	YES1 <input type="checkbox"/> NO2 <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"/> NO2 <input type="checkbox"/> → Q27	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q27	YES1 <input type="checkbox"/> NO2 <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 <input type="text"/>	N° OF HOURS/WEEK <input type="text"/>	N° OF HOURS/WEEK <input type="text"/>	N° OF HOURS/WEEK <input type="text"/>
27. CHECK Q 15: IF Q15 = 4 → Q28; IF NO → Q40				
28. What is the average monthly salary/wage made by [NAME] before paying taxes or deduction?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q40 ← (THOUSAND VND)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q40 ← (THOUSAND VND)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q40 ← (THOUSAND VND)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Q40 ← (THOUSAND VND)
29. During the last 30 days, did [NAME] actively look for any work?	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q32	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q32	YES1 <input type="checkbox"/> NO2 <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: ...

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				
31. When did [NAME] start to seek for above work?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/>
33. CHECK Q29 AND Q32: IF Q29 = 1 AND Q32 = 1 → Q36; IF NO → Q34				
34a. IF Q29 = 2: 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"/> WAIT FOR JOB/ SEASON 2 <input type="checkbox"/> ILLNESS/PERSONAL MATTER 3 <input type="checkbox"/> BAD WEATHER 4 <input type="checkbox"/> ATTENDING SCHOOL 5 <input type="checkbox"/> HOUSEWORK 6 <input type="checkbox"/> DISABLED/TOO YOUNG/TOO OLD .. 7 <input type="checkbox"/> NOT WILLING TO WORK 8 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> (SPECIFY)	NO SUITABLE WORK/ DON'T KNOW WHERE..... 1 <input type="checkbox"/> WAIT FOR JOB/ SEASON 2 <input type="checkbox"/> ILLNESS/PERSONAL MATTER 3 <input type="checkbox"/> BAD WEATHER 4 <input type="checkbox"/> ATTENDING SCHOOL 5 <input type="checkbox"/> HOUSEWORK 6 <input type="checkbox"/> DISABLED/TOO YOUNG/TOO OLD .. 7 <input type="checkbox"/> NOT WILLING TO WORK 8 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> (SPECIFY)	NO SUITABLE WORK/ DON'T KNOW WHERE 1 <input type="checkbox"/> WAIT FOR JOB/ SEASON..... 2 <input type="checkbox"/> ILLNESS/PERSONAL MATTER..... 3 <input type="checkbox"/> BAD WEATHER 4 <input type="checkbox"/> ATTENDING SCHOOL..... 5 <input type="checkbox"/> HOUSEWORK 6 <input type="checkbox"/> DISABLED/TOO YOUNG/TOO OLD .. 7 <input type="checkbox"/> NOT WILLING TO WORK 8 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> (SPECIFY)	NO SUITABLE WORK/ DON'T KNOW WHERE 1 <input type="checkbox"/> WAIT FOR JOB/ SEASON 2 <input type="checkbox"/> ILLNESS/PERSONAL MATTER 3 <input type="checkbox"/> BAD WEATHER 4 <input type="checkbox"/> ATTENDING SCHOOL 5 <input type="checkbox"/> HOUSEWORK 6 <input type="checkbox"/> DISABLED/TOO YOUNG/TOO OLD .. 7 <input type="checkbox"/> NOT WILLING TO WORK 8 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> (SPECIFY)
34b. IF Q32 = 2: What is the main reason [NAME] was not available for work immediately? REMARK: Q29 = 2 AND Q32 = 2, ASK Q34a	STUDENT/PUPIL 1 <input type="checkbox"/> HOUSEWORK..... 2 <input type="checkbox"/> SICKNESS/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"/> SICKNESS/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"/> SICKNESS/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"/> SICKNESS/DISABILITY 3 <input type="checkbox"/> TOO YOUNG/OLD..... 4 <input type="checkbox"/> OTHER 5 <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"/> HOUSEWORK..... 2 <input type="checkbox"/> SICKNESS/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"/> SICKNESS/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"/> SICKNESS/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"/> SICKNESS/DISABILITY 3 <input type="checkbox"/> TOO YOUNG/OLD..... 4 <input type="checkbox"/> 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

NAME AND ORDER NO. QUESTIONS				
37. When (solar calendar's month and year) did [NAME] leave previous work/job	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
38. CHECK Q37: IF YEAR ≥ 2008 → Q39; IF NO → Q40				
39. Why did [NAME] leave the last job? ABBREVIATION: 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 <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)
40. CHECK: Q14 HAS INFORMATION, WRITE THE CROSS (X) ON THE BOX '1' (EMPLOYED) CHECK: Q29 = 1 AND Q32 = 1, OR Q32 = 1 AND Q34 = 2/3/4, WRITE THE CROSS (X) ON THE BOX '2' (UNEMPLOYED) CHECK: Q24 = 1 AND Q25 = 1, WRITE THE CROSS (X) ON THE BOX '3' (UNDER-EMPLOYED) CHECK: 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 <input type="checkbox"/> UNEMPLOYED 2 <input type="checkbox"/> UNDER-EMPLOYED..... 3 <input type="checkbox"/> DISCOURAGED-WORKER..... 4 <input type="checkbox"/>
41. CHECK Q7: IF THERE ARE NO RESPONDENTS FOR INDIVIDUAL QUESTIONNAIRE INTERVIEW, END INTERVIEW AND COME BACK TO COMPLETE THE COVER PAGE				