

QUESTIONNAIRE OF LABOR FORCE

(The collected information of this survey was in accordance with Decree N° 1241/QD-TCTK issued on 15th November, 2013 by Director General of GSO and will be used and kept confidentially as regulated by the Statistical Law)

SAMPLE DIDITS TO FILL INTO LARGE BOX 0 1 2 3 4 5 6 7 8 9 CROSS "X" INTO SMALL BOX TO SELECT THE APPROPRIATE ANSWER X						IDENTIFICATION	
RESULTS OF INTERVIEW							
	DATE OF INTERVIEW	RESULT (*)	HOUR/DAY TO COME BACK	SIGNATURE OF INTERVIEWER	SIGNATURE OF HOUSEHOLD'S HEAD		
1 ST	_____	<input style="width: 20px; height: 20px;" type="checkbox"/>	_____	_____	_____		
2 ND	_____	<input style="width: 20px; height: 20px;" type="checkbox"/>	_____	_____	_____		
3 RD	_____	<input style="width: 20px; height: 20px;" type="checkbox"/>	_____	_____	_____		
(*) CODE OF RESULT: 1 = COMPLETED 2 = PARTLY COMPLETED 3 = ALL HOUSEHOLD MEMBERS REFUSED / ABSENT/ NOT CLASSIFIED AS RESPONDENT/ NOBODY TO ANSWER 4 = DWELLING DESTROYED/ NOT FOUND 5 = OTHERS _____ <div style="text-align: right;">(SPECIFY)</div>						PROVINCE/CITY: _____ 	
HOUSEHOLD HEAD's FULL NAME: _____						DISTRICT/QUARTER: _____	
NUMBER OF USUAL RESIDENTS IN THE HOUSEHOLD:..... 						COMMUNE/WARD: _____	
OF WHICH: NUMBER OF FEMALES:..... 						ENUMERATION AREA NUMBER: 	
NUMBER OF MALES AGED 15 OR ABOVE:..... 						ENUMERATION AREA's NAME: _____	
NUMBER OF FEMALES AGED 15 OR ABOVE:..... 						HOUSEHOLD NUMBER: _____ 	
NUMBER OF EMPLOYED:..... 						HOUSEHOLD HEAD's FULL NAME: _____	
NUMBER OF UNEMPLOYED: 						NUMBER OF USUAL RESIDENTS IN THE HOUSEHOLD:..... 	
THIS IS SET <input style="width: 20px; height: 20px;" type="checkbox"/> OF TOTAL SET(S) <input style="width: 20px; height: 20px;" type="checkbox"/>						OF WHICH: NUMBER OF FEMALES:..... 	

PART 1: HOUSEHOLD INFORMATION

SERIAL NUMBER QUESTION	SERIAL NUMBER.. <input type="text"/>	SERIAL NUMBER.. <input type="text"/>	SERIAL NUMBER.. <input type="text"/>	SERIAL NUMBER.. <input type="text"/>	SERIAL NUMBER.. <input type="text"/>	SERIAL NUMBER.. <input type="text"/>	
1. Please let me know the full name of each person usually residing in the household, starting with the household head?	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	
2. What is [NAME]'s relationship to the household 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 or 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 ← YEAR NOT STATED 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← YEAR NOT STATED 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← YEAR NOT STATED 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← YEAR NOT STATED 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← YEAR NOT STATED 9998 <input type="checkbox"/>	MONTH <input type="text"/> YEAR <input type="text"/> Q6 ← YEAR NOT STATED 9998 <input type="checkbox"/>	
5. At present, what is [NAME]'s age as of his/her last birthday? <small>IF AGE IS 95 OR MORE, WRITE '95'</small>	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 <input type="text"/>	KINH 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> NAME OF ETHNIC GROUP <input type="text"/>	KINH 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> NAME OF ETHNIC GROUP <input type="text"/>	KINH..... 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> NAME OF ETHNIC GROUP <input type="text"/>	KINH..... 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> NAME OF ETHNIC GROUP <input type="text"/>	KINH..... 1 <input type="checkbox"/> OTHER ETHNIC GROUP 2 <input type="checkbox"/> NAME OF ETHNIC GROUP <input type="text"/>	
7. RESPONDENT FOR PART 2: THE INDIVIDUAL INFORMATION <i>(THOSE WHO IS 15 YEARS OLD OR ABOVE AND RESIDES IN VIETNAM)</i>	NOT BEING RESPONDENT 1 <input type="checkbox"/> BEING RESPONDENT 2 <input type="checkbox"/> NAME/SERIAL N° <input type="text"/>	NOT BEING RESPONDENT 1 <input type="checkbox"/> BEING RESPONDENT 2 <input type="checkbox"/> NAME/SERIAL N° <input type="text"/>	NOT BEING RESPONDENT 1 <input type="checkbox"/> BEING RESPONDENT .2 <input type="checkbox"/> NAME/SERIAL N° <input type="text"/>	NOT BEING RESPONDENT 1 <input type="checkbox"/> BEING RESPONDENT 2 <input type="checkbox"/> NAME/SERIAL N° <input type="text"/>	NOT BEING RESPONDENT 1 <input type="checkbox"/> BEING RESPONDENT 2 <input type="checkbox"/> NAME/SERIAL N° <input type="text"/>	NOT BEING RESPONDENT 1 <input type="checkbox"/> BEING RESPONDENT 2 <input type="checkbox"/> NAME/SERIAL N° <input type="text"/>	

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PART 2: INDIVIDUAL INFORMATION

NAME AND SERIAL NUMBER				
QUESTION	_____ <input style="width: 20px; height: 20px;" type="text"/>	_____ <input style="width: 20px; height: 20px;" type="text"/>	_____ <input style="width: 20px; height: 20px;" type="text"/>	_____ <input style="width: 20px; height: 20px;" type="text"/>
A. MAIN CHARACTERSTICS OF THE RESPONDENT				
8. 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. Haven't you moved from another commune/ward/town to here or how long have you moved from another commune/ward/town to here?	UNDER 6 MONTHS.....1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS.....2 <input type="checkbox"/> 12 MONTHS OR MORE.....3 <input type="checkbox"/> NOT MOVING.....4 <input type="checkbox"/> Q13 ←	UNDER 6 MONTHS.....1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS.....2 <input type="checkbox"/> 12 MONTHS OR MORE.....3 <input type="checkbox"/> NOT MOVING.....4 <input type="checkbox"/> Q13 ←	UNDER 6 MONTHS.....1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS.....2 <input type="checkbox"/> 12 MONTHS OR MORE.....3 <input type="checkbox"/> NOT MOVING.....4 <input type="checkbox"/> Q13 ←	UNDER 6 MONTHS.....1 <input type="checkbox"/> 6 TO UNDER 12 MONTHS.....2 <input type="checkbox"/> 12 MONTHS OR MORE.....3 <input type="checkbox"/> NOT MOVING.....4 <input type="checkbox"/> Q13 ←
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. What province/city did you come from?	_____ <input style="width: 20px; height: 20px;" type="text"/> (NAME OF PROVINCE/CITY)	_____ <input style="width: 20px; height: 20px;" type="text"/> (NAME OF PROVINCE/CITY)	_____ <input style="width: 20px; height: 20px;" type="text"/> (NAME OF PROVINCE/CITY)	_____ <input style="width: 20px; height: 20px;" type="text"/> (NAME OF PROVINCE/CITY)
12. What was the main reason that you moved to the household?	JOB SEEKING.....1 <input type="checkbox"/> TO START A NEW JOB.....2 <input type="checkbox"/> BACK HOME DUE TO JOB LOSING/ENDING OR COULD NOT FIND JOB.....3 <input type="checkbox"/> FOLLOWING FAMILY.....4 <input type="checkbox"/> GETTING MARRIED.....5 <input type="checkbox"/> SCHOOLING.....6 <input type="checkbox"/> OTHERS.....7 <input type="checkbox"/> (SPECIFY)	TO FIND WORK.....1 <input type="checkbox"/> TO START A NEW JOB.....2 <input type="checkbox"/> COMEBACK 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"/> (SPECIFY)	TO FIND WORK.....1 <input type="checkbox"/> TO START A NEW JOB.....2 <input type="checkbox"/> COMEBACK 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"/> (SPECIFY)	TO FIND WORK.....1 <input type="checkbox"/> TO START A NEW JOB.....2 <input type="checkbox"/> COMEBACK 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"/> (SPECIFY)

HOUSEHOLD NO: ..

NAME AND SERIAL N° QUESTION	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
13. At present, are you attending any school/class, prolonging from 3 months or above?	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q15	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q15	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q15	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q15
14. What is the grade of education/training that you are attending? ABBREVIATION: PROF. - PROFESSIONAL	PRIMARY..... 1 <input type="checkbox"/> LOWER SECONDARY..... 2 <input type="checkbox"/> PRIMARY JOB TRAINING 3 <input type="checkbox"/> UPPER SECONDARY 4 <input type="checkbox"/> MID-LEVEL JOB TRAINING.... 5 <input type="checkbox"/> MID-LEVEL PROF. TRAINING 6 <input type="checkbox"/> TRADE COLLEGE 7 <input type="checkbox"/> PROF. COLLEGE 8 <input type="checkbox"/> UNIVERSITY AND ABOVE 9 <input type="checkbox"/>	PRIMARY..... 1 <input type="checkbox"/> LOWER SECONDARY 2 <input type="checkbox"/> PRIMARY JOB TRAINING 3 <input type="checkbox"/> UPPER SECONDARY 4 <input type="checkbox"/> MID-LEVEL JOB TRAINING ... 5 <input type="checkbox"/> MID-LEVEL PROF. TRAINING 6 <input type="checkbox"/> TRADE COLLEGE 7 <input type="checkbox"/> PROF. COLLEGE 8 <input type="checkbox"/> UNIVERSITY AND ABOVE 9 <input type="checkbox"/>	PRIMARY1 <input type="checkbox"/> LOWER SECONDARY2 <input type="checkbox"/> PRIMARY JOB TRAINING.....3 <input type="checkbox"/> UPPER SECONDARY4 <input type="checkbox"/> MID-LEVEL JOB TRAINING ...5 <input type="checkbox"/> MID-LEVEL PROF. TRAINING 6 <input type="checkbox"/> TRADE COLLEGE7 <input type="checkbox"/> PROF. COLLEGE8 <input type="checkbox"/> UNIVERSITY AND ABOVE.....9 <input type="checkbox"/>	PRIMARY..... 1 LOWER SECONDARY 2 PRIMARY JOB TRAINING 3 UPPER SECONDARY 4 MID-LEVEL JOB TRAINING.... 5 MID-LEVEL PROF. TRAINING 6 TRADE COLLEGE 7 PROF. COLLEGE..... 8 UNIVERSITY AND ABOVE 9
15. What is the highest grade of education/training (from 3 months or above) that you have completed or graduated? ABBREVIATION: PROF. - PROFESSIONAL	NEVER ATTENDED..... 00 <input type="checkbox"/> UNDER PRIMARY 01 <input type="checkbox"/> PRIMARY..... 02 <input type="checkbox"/> LOWER SECONDARY..... 03 <input type="checkbox"/> PRIMARY JOB TRAINING 04 <input type="checkbox"/> UPPER SECONDARY 05 <input type="checkbox"/> MID-LEVEL JOB TRAINING.... 06 <input type="checkbox"/> MID-LEVEL PROF. TRAINING 07 <input type="checkbox"/> TRADE COLLEGE 08 <input type="checkbox"/> PROF. COLLEGE 09 <input type="checkbox"/> UNIVERSITY AND ABOVE 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"/> PRIMARY JOB TRAINING 04 <input type="checkbox"/> UPPER SECONDARY 05 <input type="checkbox"/> MID-LEVEL JOB TRAINING ... 06 <input type="checkbox"/> MID-LEVEL PROF. TRAINING 07 <input type="checkbox"/> TRADE COLLEGE 08 <input type="checkbox"/> PROF. COLLEGE 09 <input type="checkbox"/> UNIVERSITY AND ABOVE 10 <input type="checkbox"/>	NEVER ATTENDED00 <input type="checkbox"/> UNDER PRIMARY01 <input type="checkbox"/> PRIMARY02 <input type="checkbox"/> LOWER SECONDARY03 <input type="checkbox"/> PRIMARY JOB TRAINING.....04 <input type="checkbox"/> UPPER SECONDARY05 <input type="checkbox"/> MID-LEVEL JOB TRAINING ...06 <input type="checkbox"/> MID-LEVEL PROF. TRAINING 07 <input type="checkbox"/> TRADE COLLEGE08 <input type="checkbox"/> PROF. COLLEGE09 <input type="checkbox"/> UNIVERSITY AND ABOVE.....10 <input type="checkbox"/>	NEVER ATTENDED..... 00 UNDER PRIMARY 01 PRIMARY..... 02 LOWER SECONDARY 03 PRIMARY JOB TRAINING 04 UPPER SECONDARY 05 MID-LEVEL JOB TRAINING.... 06 MID-LEVEL PROF. TRAINING 07 TRADE COLLEGE 08 PROF. COLLEGE..... 09 UNIVERSITY AND ABOVE 10

QUESTION	NAME AND SERIAL N°	_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/>
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B. QUESTIONS FOR CLASSIFYING THE ECONOMICALLY ACTIVE STATUS

<p>16. During the last 7 days, did you do any job to gain income?</p>	<p>YES.....1 <input type="checkbox"/> → Q22a NO2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q22a NO2 <input type="checkbox"/></p>	<p>YES1 <input type="checkbox"/> → Q22a NO2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/></p>
<p>17. During the last 7 days, did you do any job for family or others without any demand of wages/salaries?</p>	<p>YES.....1 <input type="checkbox"/> → Q22a NO2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q22a NO2 <input type="checkbox"/></p>	<p>YES1 <input type="checkbox"/> → Q22a NO2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q22a NO.....2 <input type="checkbox"/></p>
<p>18. Although you did not work during the last 7 days, did you still receive salary/wage from your previous job or profits from your previous business-production activity?</p>	<p>YES.....1 <input type="checkbox"/> → Q20 NO2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q20 NO2 <input type="checkbox"/></p>	<p>YES1 <input type="checkbox"/> → Q20 NO2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q20 NO.....2 <input type="checkbox"/></p>
<p>19. Did you have a job or business-production activity to return after the absence from work? ABBREVIATION: B.P.ACT: BUSINESS-PRODUCTION ACTIVITY</p>	<p>HAVING A JOB.....1 <input type="checkbox"/> HAVING A B.P. ACT. ...2 <input type="checkbox"/> → Q21 NONE3 <input type="checkbox"/> → Q68</p>	<p>HAVING A JOB.....1 <input type="checkbox"/> HAVING A B.P. ACT. ...2 <input type="checkbox"/> → Q21 NONE3 <input type="checkbox"/> → Q68</p>	<p>HAVING A JOB.....1 <input type="checkbox"/> HAVING A B.P. ACT. ...2 <input type="checkbox"/> → Q21 NONE3 <input type="checkbox"/> → Q68</p>	<p>HAVING A JOB 1 <input type="checkbox"/> HAVING A B.P. ACT. ... 2 <input type="checkbox"/> → Q21 NONE..... 3 <input type="checkbox"/> → Q68</p>
<p>20. What was the main reason that you were temporarily absent from work during the last 7 days?</p>	<p>PERSONAL MATTER1 <input type="checkbox"/> SICKNESS/PRENANCY2 <input type="checkbox"/> SCHOOLING/TRAINING3 <input type="checkbox"/> TEMPORARY LAYOFF/ DISMISSED4 <input type="checkbox"/> STRIKE/DEMONSTRATION5 <input type="checkbox"/> OFF SEASON6 <input type="checkbox"/> PREPARING A NEW JOB7 <input type="checkbox"/> OTHERS _____ 8 <input type="checkbox"/> (SPECIFY) Q22b ←</p>	<p>PERSONAL MATTER1 <input type="checkbox"/> SICKNESS/PRENANCY2 <input type="checkbox"/> SCHOOLING/TRAINING3 <input type="checkbox"/> TEMPORARY LAYOFF/ DISMISSED4 <input type="checkbox"/> STRIKE/DEMONSTRATION5 <input type="checkbox"/> OFF SEASON6 <input type="checkbox"/> PREPARING A NEW JOB7 <input type="checkbox"/> OTHERS _____ 8 <input type="checkbox"/> (SPECIFY) Q22b ←</p>	<p>PERSONAL MATTER 1 <input type="checkbox"/> SICKNESS/PRENANCY 2 <input type="checkbox"/> SCHOOLING/TRAINING 3 <input type="checkbox"/> TEMPORARY LAYOFF/ DISMISSED 4 <input type="checkbox"/> STRIKE/DEMONSTRATION 5 <input type="checkbox"/> OFF SEASON 6 <input type="checkbox"/> PREPARING A NEW JOB 7 <input type="checkbox"/> OTHERS _____ 8 <input type="checkbox"/> (SPECIFY) Q22b ←</p>	<p>PERSONAL MATTER 1 SICKNESS/PRENANCY 2 SCHOOLING/TRAINING 3 TEMPORARY LAYOFF/ DISMISSED 4 STRIKE/DEMONSTRATION 5 OFF SEASON 6 PREPARING A NEW JOB 7 OTHERS _____ 8 (SPECIFY) Q22b ←</p>

HOUSEHOLD NO: ..

QUESTION	NAME AND SERIAL N°			
21. Hence, will you return to work for next 30 days?	YES.....1 <input type="checkbox"/> → Q22b NO2 <input type="checkbox"/> → Q68	YES.....1 <input type="checkbox"/> → Q22b NO2 <input type="checkbox"/> → Q68	YES1 <input type="checkbox"/> → Q22b NO2 <input type="checkbox"/> → Q68	YES.....1 <input type="checkbox"/> → Q22b NO.....2 <input type="checkbox"/> → Q68
C. QUESTIONS ABOUT THE JOB TAKING MOST OF TIME THAT THE RESPONDENT SPENT DURING THE LAST 7 DAYS OR 7 DAYS BEFORE TEMPORARY ABSENCE				
22a. What was the main job that you did during the last 7 days?	_____	_____	_____	_____
22b. What was the main job that you did before temporary absence ?	_____ <input type="text"/> (SPECIFY)	_____ <input type="text"/> (SPECIFY)	_____ <input type="text"/> (SPECIFY)	_____ <input type="text"/> (SPECIFY)
23. Is the establishment where you worked, classified as the household/individual, individual production/business household or belonged to the collective, private, state or foreign investment economic sector? ABBREVIATION: IN. BUSINESS HOUSEHOLD: INDIVIDUAL BUSINESS HOUSEHOLD	HOUSEHOLD/INDIVIDUAL..... 1 <input type="checkbox"/> IN. BUSINESS HOUSEHOLD 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + PRODUCTIVE UNIT 6 <input type="checkbox"/> + ENTERPRISES..... 7 <input type="checkbox"/> FOREIGN INVESTMENT 8 <input type="checkbox"/>	HOUSEHOLD/INDIVIDUAL..... 1 <input type="checkbox"/> IN. BUSINESS HOUSEHOLD 2 <input type="checkbox"/> COLLECTIVE..... 3 <input type="checkbox"/> PRIVATE..... 4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ... 5 <input type="checkbox"/> + PRODUCTIVE UNIT 6 <input type="checkbox"/> + ENTERPRISES..... 7 <input type="checkbox"/> FOREIGN INVESTMENT 8 <input type="checkbox"/>	HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/> IN. BUSINESS HOUSEHOLD2 <input type="checkbox"/> COLLECTIVE3 <input type="checkbox"/> PRIVATE4 <input type="checkbox"/> STATE: + AGENCY, ORGANIZATION ...5 <input type="checkbox"/> + PRODUCTIVE UNIT6 <input type="checkbox"/> + ENTERPRISES.....7 <input type="checkbox"/> FOREIGN INVESTMENT8 <input type="checkbox"/>	HOUSEHOLD/INDIVIDUAL 1 IN. BUSINESS HOUSEHOLD 2 COLLECTIVE 3 PRIVATE..... 4 STATE: + AGENCY, ORGANIZATION ... 5 + PRODUCTIVE UNIT..... 6 + ENTERPRISES 7 FOREIGN INVESTMENT 8
24. What is the full name and address of the establishment where you did the above mentioned job?	_____ _____ (SPECIFY)	_____ _____ (SPECIFY)	_____ _____ (SPECIFY)	_____ _____ (SPECIFY)
25. What is the main activity or main type of product/ service of the establishment where you did the above mentioned job?	_____ _____ _____ <input type="text"/> (SPECIFY)	_____ _____ _____ <input type="text"/> (SPECIFY)	_____ _____ _____ <input type="text"/> (SPECIFY)	_____ _____ _____ <input type="text"/> (SPECIFY)

QUESTION	NAME AND SERIAL N°			
26. Is the venue where you worked in a fixed office, at your home or home of client, market/trade center, outdoor fixed place or mobile?	_____ <input type="checkbox"/> <input type="checkbox"/> FIXED OFFICE 1 <input type="checkbox"/> AT HOME of RESPONDENT OR 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"/>	_____ <input type="checkbox"/> <input type="checkbox"/> FIXED OFFICE 1 <input type="checkbox"/> AT HOME of RESPONDENT OR 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"/>	_____ <input type="checkbox"/> <input type="checkbox"/> FIXED OFFICE 1 <input type="checkbox"/> AT HOME of RESPONDENT OR 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"/>	_____ <input type="checkbox"/> <input type="checkbox"/> FIXED OFFICE 1 <input type="checkbox"/> AT HOME of RESPONDENT OR 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"/>
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 INSUR. REGISTR. 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 INSUR. REGISTR. 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 INSUR. REGISTR. 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 INSUR. REGISTR. 1 <input type="checkbox"/> .. 2 <input type="checkbox"/> D) WRITT. ACCOUNTS 1 <input type="checkbox"/> .. 2 <input type="checkbox"/>
28. With the above-mentioned job, were you: - Employer (hiring laborers)? - Own-account worker (not hiring any laborers)? - Unpaid family worker? - Wage worker? or - Member of cooperative?	EMPLOYER 1 <input type="checkbox"/> OWN-ACCOUNT WORKER 2 <input type="checkbox"/> Q32b ← 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"/> Q32b ← 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"/> Q32b ← 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"/> Q32b ← UNPAID FAMILY WORKER 3 <input type="checkbox"/> WAGE WORKER 4 <input type="checkbox"/> MEMBER OF COOPERATIVE .. 5 <input type="checkbox"/>
29. With the above mentioned job, did you hold an unlimited or limited term labor contract, a verbal agreement or no contract? ABBREVIATION: LB – LABOUR CONTRACT	UNLIMITED TERM LB 1 <input type="checkbox"/> Q31 ← 1TO UNDER 3 YEAR LB 2 <input type="checkbox"/> 3 MONTH TO UNDER 1 YEAR LB 3 <input type="checkbox"/> UNDER 3 MONTH LB 4 <input type="checkbox"/> VERBAL AGREEMENT 5 <input type="checkbox"/> NO CONTRACT 6 <input type="checkbox"/>	UNLIMITED TERM LB 1 <input type="checkbox"/> Q31 ← 1TO UNDER 3 YEAR LB 2 <input type="checkbox"/> 3 MONTH TO UNDER 1 YEAR LB 3 <input type="checkbox"/> UNDER 3 MONTH LB 4 <input type="checkbox"/> VERBAL AGREEMENT 5 <input type="checkbox"/> NO CONTRACT 6 <input type="checkbox"/>	UNLIMITED TERM LB 1 <input type="checkbox"/> Q31 ← 1TO UNDER 3 YEAR LB 2 <input type="checkbox"/> 3 MONTH TO UNDER 1 YEAR LB 3 <input type="checkbox"/> UNDER 3 MONTH LB 4 <input type="checkbox"/> VERBAL AGREEMENT 5 <input type="checkbox"/> NO CONTRACT 6 <input type="checkbox"/>	UNLIMITED TERM LB 1 <input type="checkbox"/> Q31 ← 1TO UNDER 3 YEAR LB 2 <input type="checkbox"/> 3 MONTH TO UNDER 1 YEAR LB 3 <input type="checkbox"/> UNDER 3 MONTH LB 4 <input type="checkbox"/> VERBAL AGREEMENT 5 <input type="checkbox"/> NO CONTRACT 6 <input type="checkbox"/>

NAME AND SERIAL N° QUESTION	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/>																																																												
30. What was the reason that you held a limited term labor contract, a verbal agreement, or no contract?	JOB TRAINING/TRIAL 1 <input type="checkbox"/> JOB APPRENTICING 2 <input type="checkbox"/> SEASONAL WORK 3 <input type="checkbox"/> DAILY CÂSUAL WORK/ SCHEDULED WORK 4 <input type="checkbox"/> FOR A FAVOR 5 <input type="checkbox"/> TEMPORARY JOB 6 <input type="checkbox"/> PROGRAM ON PUBLIC WORK 7 <input type="checkbox"/> SELF SÈVICES (BY SPECIFIED OFFER) 8 <input type="checkbox"/> OTHERS 9 <input type="checkbox"/> (SPECIFY)	JOB TRAINING/TRIAL 1 <input type="checkbox"/> JOB APPRENTICING 2 <input type="checkbox"/> SEASONAL WORK 3 <input type="checkbox"/> DAILY CÂSUAL WORK/ SCHEDULED WORK 4 <input type="checkbox"/> FOR A FAVOR 5 <input type="checkbox"/> TEMPORARY JOB 6 <input type="checkbox"/> PROGRAM ON PUBLIC WORK 7 <input type="checkbox"/> SELF SÈVICES (BY SPECIFIED OFFER) 8 <input type="checkbox"/> OTHERS 9 <input type="checkbox"/> (SPECIFY)	JOB TRAINING/TRIAL 1 <input type="checkbox"/> JOB APPRENTICING 2 <input type="checkbox"/> SEASONAL WORK 3 <input type="checkbox"/> DAILY CÂSUAL WORK/ SCHEDULED WORK 4 <input type="checkbox"/> FOR A FAVOR 5 <input type="checkbox"/> TEMPORARY JOB 6 <input type="checkbox"/> PROGRAM ON PUBLIC WORK 7 <input type="checkbox"/> SELF SÈVICES (BY SPECIFIED OFFER) 8 <input type="checkbox"/> OTHERS 9 <input type="checkbox"/> (SPECIFY)	JOB TRAINING/TRIAL 1 <input type="checkbox"/> JOB APPRENTICING 2 <input type="checkbox"/> SEASONAL WORK 3 <input type="checkbox"/> DAILY CÂSUAL WORK/ SCHEDULED WORK 4 <input type="checkbox"/> FOR A FAVOR 5 <input type="checkbox"/> TEMPORARY JOB 6 <input type="checkbox"/> PROGRAM ON PUBLIC WORK 7 <input type="checkbox"/> SELF SÈVICES (BY SPECIFIED OFFER) 8 <input type="checkbox"/> OTHERS 9 <input type="checkbox"/> (SPECIFY)																																																												
31. What manner of payment did you receive for the above mentioned job?	FIXED SALARY 1 <input type="checkbox"/> PER DAY/HOUR WORKED 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 ←	FIXED SALARY 1 <input type="checkbox"/> PER DAY/HOUR WORKED 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 ←	FIXED SALARY 1 <input type="checkbox"/> PER DAY/HOUR WORKED 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 ←	FIXED SALARY 1 <input type="checkbox"/> PER DAY/HOUR WORKED 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 ←																																																												
32. With the above-mentioned job, did you: a. receive paid public holidays/leaves? b. receive health insurance card? c. pay for unemployment insurance? d. pay for social insurance?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>A) PUB. HOLIDAYS/LEAVES</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>B) RECEIVING HEALTH INSURANCE CARD</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>C) PAYING FOR UNEMPLOYMENT INSURANCE</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>D) PAYING FOR SOCIAL INSURANCE</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> </table>		YES	NO	A) PUB. HOLIDAYS/LEAVES	1. <input type="checkbox"/>	2. <input type="checkbox"/>	B) RECEIVING HEALTH INSURANCE CARD	1. <input type="checkbox"/>	2. <input type="checkbox"/>	C) PAYING FOR UNEMPLOYMENT INSURANCE	1. <input type="checkbox"/>	2. <input type="checkbox"/>	D) PAYING FOR SOCIAL INSURANCE	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>A) HOLIDAYS/LEAVES</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>B) RECEIVING HEALTH INSURANCE CARD</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>C) PAYING FOR UNEMPLOYMENT INSURANCE</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>D) PAYING FOR SOCIAL INSURANCE</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> </table>		YES	NO	A) HOLIDAYS/LEAVES	1. <input type="checkbox"/>	2. <input type="checkbox"/>	B) RECEIVING HEALTH INSURANCE CARD	1. <input type="checkbox"/>	2. <input type="checkbox"/>	C) PAYING FOR UNEMPLOYMENT INSURANCE	1. <input type="checkbox"/>	2. <input type="checkbox"/>	D) PAYING FOR SOCIAL INSURANCE	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>A) HOLIDAYS/LEAVES</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>B) RECEIVING HEALTH INSURANCE CARD</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>C) PAYING FOR UNEMPLOYMENT INSURANCE</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>D) PAYING FOR SOCIAL INSURANCE</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> </table>		YES	NO	A) HOLIDAYS/LEAVES	1. <input type="checkbox"/>	2. <input type="checkbox"/>	B) RECEIVING HEALTH INSURANCE CARD	1. <input type="checkbox"/>	2. <input type="checkbox"/>	C) PAYING FOR UNEMPLOYMENT INSURANCE	1. <input type="checkbox"/>	2. <input type="checkbox"/>	D) PAYING FOR SOCIAL INSURANCE	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>A) HOLIDAYS/LEAVES</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>B) RECEIVING HEALTH INSURANCE CARD</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>C) PAYING FOR UNEMPLOYMENT INSURANCE</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td>D) PAYING FOR SOCIAL INSURANCE</td> <td>1. <input type="checkbox"/></td> <td>2. <input type="checkbox"/></td> </tr> </table>		YES	NO	A) HOLIDAYS/LEAVES	1. <input type="checkbox"/>	2. <input type="checkbox"/>	B) RECEIVING HEALTH INSURANCE CARD	1. <input type="checkbox"/>	2. <input type="checkbox"/>	C) PAYING FOR UNEMPLOYMENT INSURANCE	1. <input type="checkbox"/>	2. <input type="checkbox"/>	D) PAYING FOR SOCIAL INSURANCE	1. <input type="checkbox"/>	2. <input type="checkbox"/>
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D) PAYING FOR SOCIAL INSURANCE	1. <input type="checkbox"/>	2. <input type="checkbox"/>																																																														
33. What manner of social insurance are you paying for?	COMPULSORY SOCIAL INSURANCE 1 <input type="checkbox"/> VOLUNTEER SOCIAL INSURANCE 2 <input type="checkbox"/>	COMPULSORY SOCIAL INSURANCE 1 <input type="checkbox"/> VOLUNTEER SOCIAL INSURANCE 2 <input type="checkbox"/>	COMPULSORY SOCIAL INSURANCE 1 <input type="checkbox"/> VOLUNTEER SOCIAL INSURANCE 2 <input type="checkbox"/>	COMPULSORY SOCIAL INSURANCE 1 <input type="checkbox"/> VOLUNTEER SOCIAL INSURANCE 2 <input type="checkbox"/>																																																												

QUESTION	NAME AND SERIAL N°			
<p>34. How long have you worked for the above mentioned job?</p>	<p>UNDER 3 MONTHS.....1 <input type="checkbox"/></p> <p>3 TO UNDER 6 MONTHS2 <input type="checkbox"/></p> <p>6 TO UNDER 9 MONTHS3 <input type="checkbox"/></p> <p>9 TO UNDER 12 MONTHS4 <input type="checkbox"/></p> <p>FROM 1 TO UNDER 5 YEARS .5 <input type="checkbox"/></p> <p>FROM 5 TO UNDER 10 YEARS...<input type="checkbox"/></p> <p>10 YEARS AND ABOVE7 <input type="checkbox"/></p> <p style="text-align: right;">Q37 ←</p>	<p>UNDER 3 MONTHS.....1 <input type="checkbox"/></p> <p>3 TO UNDER 6 MONTHS2 <input type="checkbox"/></p> <p>6 TO UNDER 9 MONTHS3 <input type="checkbox"/></p> <p>9 TO UNDER 12 MONTHS4 <input type="checkbox"/></p> <p>FROM 1 TO UNDER 5 YEARS .5 <input type="checkbox"/></p> <p>FROM 5 TO UNDER 10 YEARS...<input type="checkbox"/></p> <p>10 YEARS AND ABOVE7 <input type="checkbox"/></p> <p style="text-align: right;">Q37 ←</p>	<p>UNDER 3 MONTHS.....1 <input type="checkbox"/></p> <p>3 TO UNDER 6 MONTHS2 <input type="checkbox"/></p> <p>6 TO UNDER 9 MONTHS3 <input type="checkbox"/></p> <p>9 TO UNDER 12 MONTHS4 <input type="checkbox"/></p> <p>FROM 1 TO UNDER 5 YEARS .5 <input type="checkbox"/></p> <p>FROM 5 TO UNDER 10 YEARS...<input type="checkbox"/></p> <p>10 YEARS AND ABOVE7 <input type="checkbox"/></p> <p style="text-align: right;">Q37 ←</p>	<p>UNDER 3 MONTHS 1</p> <p>3 TO UNDER 6 MONTHS 2</p> <p>6 TO UNDER 9 MONTHS 3</p> <p>9 TO UNDER 12 MONTHS 4</p> <p>FROM 1 TO UNDER 5 YEARS 5</p> <p>FROM 5 TO UNDER 10 YEARS.....6</p> <p>10 YEARS AND ABOVE..... 7</p> <p style="text-align: right;">Q37 ←</p>
<p>35. Before starting the above mentioned job, were you taking in another job, waiting for job, in off season, looking for a job or other status?</p>	<p>TAKING IN ANOTHER JOB 1 <input type="checkbox"/></p> <p>WAITING FOR JOB/ OFF SEASON 2 <input type="checkbox"/></p> <p>LOOKING FOR A JOB 3 <input type="checkbox"/></p> <p>OTHERS 4 <input type="checkbox"/></p> <p style="text-align: right;">(SPECIFY) Q.37 ←</p>	<p>TAKING IN ANOTHER JOB 1 <input type="checkbox"/></p> <p>WAITING FOR JOB/ OFF SEASON 2 <input type="checkbox"/></p> <p>LOOKING FOR A JOB 3 <input type="checkbox"/></p> <p>OTHERS 4 <input type="checkbox"/></p> <p style="text-align: right;">(SPECIFY) Q.37 ←</p>	<p>TAKING IN ANOTHER JOB 1 <input type="checkbox"/></p> <p>WAITING FOR JOB/ OFF SEASON 2 <input type="checkbox"/></p> <p>LOOKING FOR A JOB 3 <input type="checkbox"/></p> <p>OTHERS 4 <input type="checkbox"/></p> <p style="text-align: right;">(SPECIFY) Q.37 ←</p>	<p>TAKING IN ANOTHER JOB 1</p> <p>WAITING FOR JOB/ OFF SEASON 2</p> <p>LOOKING FOR A JOB 3</p> <p>OTHERS 4</p> <p style="text-align: right;">(SPECIFY) Q.37</p>
<p>36. What was the reason that you stopped taking in the previous job?</p>	<p>WORKFORCE CUT DOWN 1 <input type="checkbox"/></p> <p>DISSOLUTION/ RESTRUCTURE 2 <input type="checkbox"/></p> <p>ENTERPRISE/COMPANY/OR BUSINESS HH CLOSED 3 <input type="checkbox"/></p> <p>DISMISSED 4 <input type="checkbox"/></p> <p>CONTRACT ENDING 5 <input type="checkbox"/></p> <p>LOW SALARY/ALLOWANCE OR JOB QUITTING 6 <input type="checkbox"/></p> <p>FARM-LAND LOSING 7 <input type="checkbox"/></p> <p>OTHERS 8 <input type="checkbox"/></p> <p style="text-align: right;">(SPECIFY)</p>	<p>WORKFORCE CUT DOWN 1 <input type="checkbox"/></p> <p>DISSOLUTION/ RESTRUCTURE 2 <input type="checkbox"/></p> <p>ENTERPRISE/COMPANY/OR BUSINESS HH CLOSED 3 <input type="checkbox"/></p> <p>DISMISSED 4 <input type="checkbox"/></p> <p>CONTRACT ENDING 5 <input type="checkbox"/></p> <p>LOW SALARY/ALLOWANCE OR JOB QUITTING 6 <input type="checkbox"/></p> <p>FARM-LAND LOSING 7 <input type="checkbox"/></p> <p>OTHERS 8 <input type="checkbox"/></p> <p style="text-align: right;">(SPECIFY)</p>	<p>WORKFORCE CUT DOWN 1 <input type="checkbox"/></p> <p>DISSOLUTION/ RESTRUCTURE 2 <input type="checkbox"/></p> <p>ENTERPRISE/COMPANY/OR BUSINESS HH CLOSED 3 <input type="checkbox"/></p> <p>DISMISSED 4 <input type="checkbox"/></p> <p>CONTRACT ENDING 5 <input type="checkbox"/></p> <p>LOW SALARY/ALLOWANCE OR JOB QUITTING 6 <input type="checkbox"/></p> <p>FARM-LAND LOSING 7 <input type="checkbox"/></p> <p>OTHERS 8 <input type="checkbox"/></p> <p style="text-align: right;">(SPECIFY)</p>	<p>WORKFORCE CUT DOWN 1</p> <p>DISSOLUTION/ RESTRUCTURE 2</p> <p>ENTERPRISE/COMPANY/OR BUSINESS HH CLOSED 3</p> <p>DISMISSED 4</p> <p>CONTRACT ENDING 5</p> <p>LOW SALARY/ALLOWANCE OR JOB QUITTING 6</p> <p>FARM-LAND LOSING 7</p> <p>OTHERS 8</p> <p style="text-align: right;">(SPECIFY)</p>

QUESTION	NAME AND SERIAL N°	_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/> <input type="text"/>	_____ <input type="text"/>
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D. QUESTIONS ABOUT INCOME DERIVED FROM THE MAIN JOB THAT THE RESPONDENT DID IN THE LAST 7 DAYS OR 7 DAYS BEFORE TEMPORARY ABSENCE

37. CHECK Q28: IF Q.28 = 4 → Q.38; OTHERWISE → Q.41

<p>38. With the above mentioned job, how much salary/wage did you receive in the last month?</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)																																																
<p>39. Apart from wage/salary, in the last month, did you receive the followings:</p> <p>a. Overtime payment?</p> <p>b. Bonus?</p> <p>c. Other supporting payments (like occupational, travel, uniform, lunch allowances...)?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>A) OVERTIME WORKING</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>B) BONUS.....</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>C) OTHER SUPPORTS ...</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>		YES	NO	A) OVERTIME WORKING	1. <input type="text"/> .. 2 <input type="checkbox"/>	2 <input type="checkbox"/>	B) BONUS.....	1. <input type="text"/> .. 2 <input type="checkbox"/>	2 <input type="checkbox"/>	C) OTHER SUPPORTS ...	1. <input type="text"/> .. 2 <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>A) OVERTIME WORKING</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>B) BONUS.....</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>C) OTHER SUPPORTS ...</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>		YES	NO	A) OVERTIME WORKING	1. <input type="text"/> .. 2 <input type="checkbox"/>	2 <input type="checkbox"/>	B) BONUS.....	1. <input type="text"/> .. 2 <input type="checkbox"/>	2 <input type="checkbox"/>	C) OTHER SUPPORTS ...	1. <input type="text"/> .. 2 <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>A) OVERTIME WORKING</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>B) BONUS.....</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>C) OTHER SUPPORTS ...</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>		YES	NO	A) OVERTIME WORKING	1. <input type="text"/> .. 2 <input type="checkbox"/>	2 <input type="checkbox"/>	B) BONUS.....	1. <input type="text"/> .. 2 <input type="checkbox"/>	2 <input type="checkbox"/>	C) OTHER SUPPORTS ...	1. <input type="text"/> .. 2 <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>A) OVERTIME WORKING</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>B) BONUS.....</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> <tr> <td>C) OTHER SUPPORTS ...</td> <td style="text-align: center;">1. <input type="text"/>.. 2 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table>		YES	NO	A) OVERTIME WORKING	1. <input type="text"/> .. 2 <input type="checkbox"/>	2 <input type="checkbox"/>	B) BONUS.....	1. <input type="text"/> .. 2 <input type="checkbox"/>	2 <input type="checkbox"/>	C) OTHER SUPPORTS ...	1. <input type="text"/> .. 2 <input type="checkbox"/>	2 <input type="checkbox"/>
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<p>40. In the last month, how much payment did you receive for overtime, bonus, occupational allowance and other supports?</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)																																																

E. QUESTIONS ABOUT NUMBER OF HOURS WORKED BY THE RESPONDENT IN THE LAST 7 DAYS OR 7 DAYS BEFORE TEMPORARY ABSENCE

<p>41. In the last 7 days/ 7 days before temporary absence, excluding the time of break but including the time of over working, how many hours did you actually spend for the above-mentioned main job?</p>	<p>N° OF WORKING HOURS ACTUALLY SPENT FOR THE MAIN JOB PER WEEK... <input type="text"/> <input type="text"/></p>	<p>N° OF WORKING HOURS ACTUALLY SPENT FOR THE MAIN JOB PER WEEK... <input type="text"/> <input type="text"/></p>	<p>N° OF WORKING HOURS ACTUALLY SPENT FOR THE MAIN JOB PER WEEK... <input type="text"/> <input type="text"/></p>	<p>N° OF WORKING HOURS ACTUALLY SPENT FOR THE MAIN JOB PER WEEK... <input type="text"/></p>
<p>42. Excluding the time of break, how many hours did you normally spend for the main above mentioned job per week?</p>	<p>N° OF WORKING HOURS NORMALLY SPENT FOR THE MAIN JOB PER WEEK... <input type="text"/> <input type="text"/></p>	<p>N° OF WORKING HOURS NORMALLY SPENT FOR THE MAIN JOB PER WEEK... <input type="text"/> <input type="text"/></p>	<p>N° OF WORKING HOURS NORMALLY SPENT FOR THE MAIN JOB PER WEEK... <input type="text"/> <input type="text"/></p>	<p>N° OF WORKING HOURS NORMALLY SPENT FOR THE MAIN JOB PER WEEK... <input type="text"/> <input type="text"/></p>

QUESTION	NAME AND SERIAL N°				
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43. CHECK Q.41 AND Q.42: IF Q.41 < Q.42 → Q.44; OTHERWISE → Q.45

<p>44. In the last 7 days/7 days before temporary absence, why did you actually spend fewer hours than usual for the above-mentioned main job?</p>	ILLNESS 01 <input type="checkbox"/> LEAVES/HOLIDAYS 02 <input type="checkbox"/> JUST STARTING WORK 03 <input type="checkbox"/> JOB LOSING/JOB QUITTING 04 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 05 <input type="checkbox"/> WORKING HOUR CUT DOWN... 06 <input type="checkbox"/> STRIKE/ENTERPRISE CLOSED 07 <input type="checkbox"/> SHIFT WORKING 08 <input type="checkbox"/> FARM- LAND LOSING 09 <input type="checkbox"/> FAMILY OBLIGATIONS 10 <input type="checkbox"/> LACK OF CLIENTS OR BUSINESS ORDERS 11 <input type="checkbox"/> OTHERS 12 <input type="checkbox"/> (SPECIFY)	ILLNESS 01 <input type="checkbox"/> LEAVES/HOLIDAYS 02 <input type="checkbox"/> JUST STARTING WORK 03 <input type="checkbox"/> JOB LOSING/JOB QUITTING 04 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 05 <input type="checkbox"/> WORKING HOUR CUT DOWN... 06 <input type="checkbox"/> STRIKE/ENTERPRISE CLOSED 07 <input type="checkbox"/> SHIFT WORKING 08 <input type="checkbox"/> FARM- LAND LOSING 09 <input type="checkbox"/> FAMILY OBLIGATIONS 10 <input type="checkbox"/> LACK OF CLIENTS OR BUSINESS ORDERS 11 <input type="checkbox"/> OTHERS 12 <input type="checkbox"/> (SPECIFY)	ILLNESS 01 <input type="checkbox"/> LEAVES/HOLIDAYS 02 <input type="checkbox"/> JUST STARTING WORK 03 <input type="checkbox"/> JOB LOSING/JOB QUITTING 04 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 05 <input type="checkbox"/> WORKING HOUR CUT DOWN... 06 <input type="checkbox"/> STRIKE/ENTERPRISE CLOSED 07 <input type="checkbox"/> SHIFT WORKING 08 <input type="checkbox"/> FARM- LAND LOSING 09 <input type="checkbox"/> FAMILY OBLIGATIONS 10 <input type="checkbox"/> LACK OF CLIENTS OR BUSINESS ORDERS 11 <input type="checkbox"/> OTHERS 12 <input type="checkbox"/> (SPECIFY)	ILLNESS 01 <input type="checkbox"/> LEAVES/HOLIDAYS 02 <input type="checkbox"/> JUST STARTING WORK 03 <input type="checkbox"/> JOB LOSING/JOB QUITTING 04 <input type="checkbox"/> BAD WEATHER/ OFF SEASON 05 <input type="checkbox"/> WORKING HOUR CUT DOWN... 06 <input type="checkbox"/> STRIKE/ENTERPRISE CLOSED 07 <input type="checkbox"/> SHIFT WORKING 08 <input type="checkbox"/> FARM- LAND LOSING 09 <input type="checkbox"/> FAMILY OBLIGATIONS 10 <input type="checkbox"/> LACK OF CLIENTS OR BUSINESS ORDERS 11 <input type="checkbox"/> OTHERS 12 <input type="checkbox"/> (SPECIFY)
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F. QUESTIONS ABOUT OTHER JOBS (APART FROM THE MAIN JOB) OF THE RESPONDENT IN THE LAST 7 DAYS OR 7 DAYS BEFORE TEMPORARY ABSENCE

<p>45. In the last 7 days/ 7 days before temporary absence, apart from the above-mentioned main job, did you work another job to gain income?</p>	TAKING IN ANOTHER JOB1 <input type="checkbox"/> TAKING IN MORE THAN ONE2 <input type="checkbox"/> NONE3 <input type="checkbox"/> Q64 ←	TAKING IN ANOTHER JOB1 <input type="checkbox"/> TAKING IN MORE THAN ONE2 <input type="checkbox"/> NONE3 <input type="checkbox"/> Q64 ←	TAKING IN ANOTHER JOB1 <input type="checkbox"/> TAKING IN MORE THAN ONE2 <input type="checkbox"/> NONE3 <input type="checkbox"/> Q64 ←	TAKING IN ANOTHER JOB 1 <input type="checkbox"/> TAKING IN MORE THAN ONE 2 <input type="checkbox"/> NONE 3 <input type="checkbox"/> Q64 ←
<p>46. Hence, what was the secondary job that you spent most time to work in the last 7 days/ 7 days before temporary absence?</p>	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)	_____ _____ _____ (SPECIFY)

QUESTION	NAME AND SERIAL N°							
<p>47. Is the establishment where you worked the above mentioned job classified as the household/individual, individual production/business household or belonged to the collective, private, state or foreign investment economic sector?</p> <p>ABBREVIATION: INDIVIDUAL BUSINESS HH: INDIVIDUAL BUSINESS HOUSEHOLD</p>	<p>HOUSEHOLD/INDIVIDUAL..... 1 <input type="checkbox"/></p> <p>INDIVIDUAL BUSINESS HH 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>+ PRODUCTIVE UNIT 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>INDIVIDUAL BUSINESS HH 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>+ PRODUCTIVE UNIT 6 <input type="checkbox"/></p> <p>+ ENTERPRISE 7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT 8 <input type="checkbox"/></p>	<p>HOUSEHOLD/INDIVIDUAL1 <input type="checkbox"/></p> <p>INDIVIDUAL BUSINESS HH2 <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>+ PRODUCTIVE UNIT6 <input type="checkbox"/></p> <p>+ ENTERPRISE7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT8 <input type="checkbox"/></p>	<p>HOUSEHOLD/INDIVIDUAL..... 1</p> <p>INDIVIDUAL BUSINESS HH 2</p> <p>COLLECTIVE 3</p> <p>PRIVATE..... 4</p> <p>STATE:</p> <p>+ AGENCY, ORGANIZATION ... 5</p> <p>+ PRODUCTIVE UNIT 6</p> <p>+ ENTERPRISE 7</p> <p>FOREIGN INVESTMENT 8</p>				
<p>48. What is the full name and address of the establishment where you did the above-mentioned job?</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>49. What is the main activity or main type of product/service of the establishment where you did the above-mentioned job?</p> <p>NOTE: FOR THE HOUSEHOLD /INDIVIDUAL, COMBINE WITH Q46 TO RECORD THE INDUSTRIAL CODE</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>(SPECIFY) <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>(SPECIFY) <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>(SPECIFY) <input type="text"/></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>(SPECIFY) <input type="text"/></p>				
<p>50. Is the venue where you worked in a fixed office, at your home or home of client, market/trade center, an outdoor fixed place or mobile?</p>	<p>FIXED OFFICE 1 <input type="checkbox"/></p> <p>AT HOME of RESPONDENT</p> <p>OR of CLIENT 2 <input type="checkbox"/></p> <p>MARKET/TRADE CENTER..... 3 <input type="checkbox"/></p> <p>OUTDOOR FIXED PLACE..... 4 <input type="checkbox"/></p> <p>MOBILE 5 <input type="checkbox"/></p>	<p>FIXED OFFICE 1 <input type="checkbox"/></p> <p>AT HOME of RESPONDENT</p> <p>OR of CLIENT 2 <input type="checkbox"/></p> <p>MARKET/TRADE CENTER..... 3 <input type="checkbox"/></p> <p>OUTDOOR FIXED PLACE..... 4 <input type="checkbox"/></p> <p>MOBILE 5 <input type="checkbox"/></p>	<p>FIXED OFFICE1 <input type="checkbox"/></p> <p>AT HOME of RESPONDENT</p> <p>OR of CLIENT2 <input type="checkbox"/></p> <p>MARKET/TRADE CENTER3 <input type="checkbox"/></p> <p>OUTDOOR FIXED PLACE.....4 <input type="checkbox"/></p> <p>MOBILE5 <input type="checkbox"/></p>	<p>FIXED OFFICE..... 1</p> <p>AT HOME of RESPONDENT</p> <p>OR of CLIENT 2</p> <p>MARKET/TRADE CENTER..... 3</p> <p>OUTDOOR FIXED PLACE 4</p> <p>MOBILE..... 5</p>				

HOUSEHOLD NO: ..

QUESTION	NAME AND SERIAL N° <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<p>51. Does the establishment where you worked, have the followings:</p> <p>a. Business registration?</p> <p>b. Tax code registration?</p> <p>c. Social insurance registration?</p> <p>d. Written accounts?</p>	<p>YES NO</p> <p>A) BUSINESS REGISTR.....1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>B) TAX CODE REGISTR1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>C) SOCIAL INSUR. REGISTR.1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>D) WRITT. ACCOUNTS1 <input type="checkbox"/>.....2 <input type="checkbox"/></p>	<p>YES NO</p> <p>A) BUSINESS REGISTR.....1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>B) TAX CODE REGISTR.....1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>C) SOCIAL INSUR. REGISTR.1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>D) WRITT. ACCOUNTS1 <input type="checkbox"/>.....2 <input type="checkbox"/></p>	<p>YES NO</p> <p>A) BUSINESS REGISTR.....1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>B) TAX CODE REGISTR.....1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>C) SOCIAL INSUR. REGISTR.1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>D) WRITT. ACCOUNTS1 <input type="checkbox"/>.....2 <input type="checkbox"/></p>	<p>YES NO</p> <p>A) BUSINESS REGISTR.....1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>B) TAX CODE REGISTR.....1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>C) SOCIAL INSUR. REGISTR.1 <input type="checkbox"/>.....2 <input type="checkbox"/></p> <p>D) WRITT. ACCOUNTS1 <input type="checkbox"/>.....2 <input type="checkbox"/></p>
<p>52. With the above mentioned job, were you:</p> <p>- Employer (hiring laborer)?</p> <p>- Own-account worker (not hiring any laborers)?</p> <p>- Unpaid family worker?</p> <p>- Wage worker? or</p> <p>- Member of cooperative?</p>	<p>EMPLOYER.....1 <input type="checkbox"/></p> <p>OWN-ACCOUNT WORKER.....2 <input type="checkbox"/></p> <p style="text-align: center;">Q56b ←</p> <p>UNPAID FAMILY WORKER.....3 <input type="checkbox"/></p> <p>WAGE WORKER.....4 <input type="checkbox"/></p> <p>MEMBER OF COOPERATIVE ..5 <input type="checkbox"/></p>	<p>EMPLOYER.....1 <input type="checkbox"/></p> <p>OWN-ACCOUNT WORKER.....2 <input type="checkbox"/></p> <p style="text-align: center;">Q56b ←</p> <p>UNPAID FAMILY WORKER.....3 <input type="checkbox"/></p> <p>WAGE WORKER.....4 <input type="checkbox"/></p> <p>MEMBER OF COOPERATIVE ..5 <input type="checkbox"/></p>	<p>EMPLOYER.....1 <input type="checkbox"/></p> <p>OWN-ACCOUNT WORKER.....2 <input type="checkbox"/></p> <p style="text-align: center;">Q56b ←</p> <p>UNPAID FAMILY WORKER.....3 <input type="checkbox"/></p> <p>WAGE WORKER.....4 <input type="checkbox"/></p> <p>MEMBER OF COOPERATIVE ..5 <input type="checkbox"/></p>	<p>EMPLOYER.....1</p> <p>OWN-ACCOUNT WORKER.....2</p> <p style="text-align: center;">Q56b ←</p> <p>UNPAID FAMILY WORKER.....3</p> <p>WAGE WORKER.....4</p> <p>MEMBER OF COOPERATIVE .5</p>
<p>53. With the above mentioned job, did you hold an unlimited or limited term labor contract, a verbal agreement or no contract?</p> <p>ABBREVIATION: LB – LABOUR CONTRACT</p>	<p>UNLIMITED TERM LB1 <input type="checkbox"/></p> <p style="text-align: center;">Q.55 ←</p> <p>1TO UNDER 3 YEAR LB.....2 <input type="checkbox"/></p> <p>3 MONTH TO</p> <p>UNDER 1 YEAR LB3 <input type="checkbox"/></p> <p>UNDER 3 MONTH LB4 <input type="checkbox"/></p> <p>VERBAL AGREEMENT.....5 <input type="checkbox"/></p> <p>NO CONTRACT.....6 <input type="checkbox"/></p>	<p>UNLIMITED TERM LB1 <input type="checkbox"/></p> <p style="text-align: center;">Q.55 ←</p> <p>1TO UNDER 3 YEAR LB.....2 <input type="checkbox"/></p> <p>3 MONTH TO</p> <p>UNDER 1 YEAR LB3 <input type="checkbox"/></p> <p>UNDER 3 MONTH LB4 <input type="checkbox"/></p> <p>VERBAL AGREEMENT5 <input type="checkbox"/></p> <p>NO CONTRACT.....6 <input type="checkbox"/></p>	<p>UNLIMITED TERM LB1 <input type="checkbox"/></p> <p style="text-align: center;">Q.55 ←</p> <p>1TO UNDER 3 YEAR LB2 <input type="checkbox"/></p> <p>3 MONTH TO</p> <p>UNDER 1 YEAR LB3 <input type="checkbox"/></p> <p>UNDER 3 MONTH LB4 <input type="checkbox"/></p> <p>VERBAL AGREEMENT5 <input type="checkbox"/></p> <p>NO CONTRACT.....6 <input type="checkbox"/></p>	<p>UNLIMITED TERM LB.....1</p> <p style="text-align: center;">Q.55 ←</p> <p>1TO UNDER 3 YEAR LB.....2</p> <p>3 MONTH TO</p> <p>UNDER 1 YEAR LB.....3</p> <p>UNDER 3 MONTH LB4</p> <p>VERBAL AGREEMENT.....5</p> <p>NO CONTRACT6</p>

QUESTION	NAME AND SERIAL N°			
54. What was the reason that you hold a limited term labor contract, a verbal agreement, or no contract?	_____ <input type="checkbox"/> JOB TRAINING/TRIAL 1 <input type="checkbox"/> JOB APPRENTICING 2 <input type="checkbox"/> SEASONAL WORK 3 <input type="checkbox"/> DAILY CÂSUAL WORK/ SCHEDULED WORK 4 <input type="checkbox"/> FOR A FAVOR 5 <input type="checkbox"/> TEMPORARY JOB 6 <input type="checkbox"/> PROGRAM ON PUBLIC WORK 7 <input type="checkbox"/> SELF SÈVICES (BY SPECIFIED OFFER) 8 <input type="checkbox"/> OTHERS 9 <input type="checkbox"/> (SPECIFY)	_____ <input type="checkbox"/> JOB TRAINING/TRIAL 1 <input type="checkbox"/> JOB APPRENTICING 2 <input type="checkbox"/> SEASONAL WORK 3 <input type="checkbox"/> DAILY CÂSUAL WORK/ SCHEDULED WORK 4 <input type="checkbox"/> FOR A FAVOR 5 <input type="checkbox"/> TEMPORARY JOB 6 <input type="checkbox"/> PROGRAM ON PUBLIC WORK 7 <input type="checkbox"/> SELF SÈVICES (BY SPECIFIED OFFER) 8 <input type="checkbox"/> OTHERS 9 <input type="checkbox"/> (SPECIFY)	_____ <input type="checkbox"/> JOB TRAINING/TRIAL 1 <input type="checkbox"/> JOB APPRENTICING 2 <input type="checkbox"/> SEASONAL WORK 3 <input type="checkbox"/> DAILY CÂSUAL WORK/ SCHEDULED WORK 4 <input type="checkbox"/> FOR A FAVOR 5 <input type="checkbox"/> TEMPORARY JOB 6 <input type="checkbox"/> PROGRAM ON PUBLIC WORK 7 <input type="checkbox"/> SELF SÈVICES (BY SPECIFIED OFFER) 8 <input type="checkbox"/> OTHERS 9 <input type="checkbox"/> (SPECIFY)	_____ <input type="checkbox"/> JOB TRAINING/TRIAL 1 <input type="checkbox"/> JOB APPRENTICING 2 <input type="checkbox"/> SEASONAL WORK 3 <input type="checkbox"/> DAILY CÂSUAL WORK/ SCHEDULED WORK 4 <input type="checkbox"/> FOR A FAVOR 5 <input type="checkbox"/> TEMPORARY JOB 6 <input type="checkbox"/> PROGRAM ON PUBLIC WORK 7 <input type="checkbox"/> SELF SÈVICES (BY SPECIFIED OFFER) 8 <input type="checkbox"/> OTHERS 9 <input type="checkbox"/> (SPECIFY)
55. What manner of payment did you receive for the above mentioned secondary job?	FIXED SALARY 1 <input type="checkbox"/> PER DAY/HOUR WORKED 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"/> Q56b ←	FIXED SALARY 1 <input type="checkbox"/> PER DAY/HOUR WORKED 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"/> Q56b ←	FIXED SALARY 1 <input type="checkbox"/> PER DAY/HOUR WORKED 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"/> Q56b ←	FIXED SALARY 1 <input type="checkbox"/> PER DAY/HOUR WORKED 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"/> Q56b ←
56. With the above-mentioned job, did you: a. receive paid public holidays/leaves? b. receive health insurance card? c. pay for unemployment insurance? d. pay for social insurance?	YES NO A) HOLIDAYS/LEAVES 1. <input type="checkbox"/> 2 <input type="checkbox"/> B) RECEIVING HEALTH INSURANCE CARD 1. <input type="checkbox"/> 2 <input type="checkbox"/> C) PAYING FOR UNEMPLOYMENT INSURANCE 1. <input type="checkbox"/> 2 <input type="checkbox"/> D) PAYING FOR SOCIAL INSURANCE 1. <input type="checkbox"/> 2 <input type="checkbox"/>	YES NO A) HOLIDAYS/LEAVES 1. <input type="checkbox"/> 2 <input type="checkbox"/> B) RECEIVING HEALTH INSURANCE CARD 1. <input type="checkbox"/> 2 <input type="checkbox"/> C) PAYING FOR UNEMPLOYMENT INSURANCE 1. <input type="checkbox"/> 2 <input type="checkbox"/> D) PAYING FOR SOCIAL INSURANCE 1. <input type="checkbox"/> 2 <input type="checkbox"/>	YES NO A) HOLIDAYS/LEAVES 1. <input type="checkbox"/> 2 <input type="checkbox"/> B) RECEIVING HEALTH INSURANCE CARD 1. <input type="checkbox"/> 2 <input type="checkbox"/> C) PAYING FOR UNEMPLOYMENT INSURANCE 1. <input type="checkbox"/> 2 <input type="checkbox"/> D) PAYING FOR SOCIAL INSURANCE 1. <input type="checkbox"/> 2 <input type="checkbox"/>	YES NO A) HOLIDAYS/LEAVES 1. <input type="checkbox"/> 2 <input type="checkbox"/> B) RECEIVING HEALTH INSURANCE CARD 1. <input type="checkbox"/> 2 <input type="checkbox"/> C) PAYING FOR UNEMPLOYMENT INSURANCE 1. <input type="checkbox"/> 2 <input type="checkbox"/> D) PAYING FOR SOCIAL INSURANCE 1. <input type="checkbox"/> 2 <input type="checkbox"/>
57. What manner of social insurance are you paying for?	COMPULSORY SOCIAL INSURANCE. 1 <input type="checkbox"/> VOLUNTEER SOCIAL INSURANCE 2 <input type="checkbox"/>	COMPULSORY SOCIAL INSURANCE. 1 <input type="checkbox"/> VOLUNTEER SOCIAL INSURANCE 2 <input type="checkbox"/>	COMPULSORY SOCIAL INSURANCE. 1 <input type="checkbox"/> VOLUNTEER SOCIAL INSURANCE 2 <input type="checkbox"/>	COMPULSORY SOCIAL INSURANCE. 1 <input type="checkbox"/> VOLUNTEER SOCIAL INSURANCE 2 <input type="checkbox"/>

HOUSEHOLD NO: ..

QUESTION	NAME AND SERIAL N° <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
58. CHECK Q52: IF Q52 = 4 → Q59; OTHERWISE → Q61				
59. With the above mentioned secondary job, how much salary/wage did you receive in the last month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)
60. With the above mentioned job, how much payment did you receive for overtime, bonus, occupational allowance and other supports in the last month?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (THOUSAND VNDONGS)
61. In the last 7 days/7 days before temporary absence, how many hours did you actually spend for the above-mentioned secondary job?	NUMBER OF ACTUAL WORKING HOURS OF THE SECONDARY JOB PER WEEK..... <input type="text"/> <input type="text"/>	NUMBER OF ACTUAL WORKING HOURS OF THE SECONDARY JOB PER WEEK..... <input type="text"/> <input type="text"/>	NUMBER OF ACTUAL WORKING HOURS OF THE SECONDARY JOB PER WEEK..... <input type="text"/> <input type="text"/>	NUMBER OF ACTUAL WORKING HOURS OF THE SECONDARY JOB PER WEEK..... <input type="text"/> <input type="text"/>
G. QUESTIONS ABOUT THE UNDER-EMPLOYMENT SITUATION				
62. CHECK Q45: IF Q45 = 2 → Q63; OTHERWISE → Q64				
63. In the last 7 days/7 days before temporary absence, how many hours did you actually spend for all other jobs (excluding the main job and the secondary job)?	NUMBER OF ACTUAL WORKING HOURS OF ALL OTHER JOBS PER WEEK..... <input type="text"/> <input type="text"/>	NUMBER OF ACTUAL WORKING HOURS OF ALL OTHER JOBS PER WEEK..... <input type="text"/> <input type="text"/>	NUMBER OF ACTUAL WORKING HOURS OF ALL OTHER JOBS PER WEEK..... <input type="text"/> <input type="text"/>	NUMBER OF ACTUAL WORKING HOURS OF ALL OTHER JOBS PER WEEK..... <input type="text"/> <input type="text"/>
64. TOTAL ACTUAL WORKING HOURS SPENT FOR ALL JOBS IN THE LAST 7 DAYS/7 DAYS BEFORE TEMPORARY ABSENCE? NOTE: SUMRESULTS OF Q41, Q61 AND Q63	TOTAL ACTUAL WORKING HOURS PER WEEK..... <input type="text"/> <input type="text"/>	TOTAL ACTUAL WORKING HOURS PER WEEK..... <input type="text"/> <input type="text"/>	TOTAL ACTUAL WORKING HOURS PER WEEK..... <input type="text"/> <input type="text"/>	TOTAL ACTUAL WORKING HOURS PER WEEK..... <input type="text"/> <input type="text"/>

QUESTION	NAME AND SERIAL N°				
65. With the above total of actual working hours, would you like to work more time?		YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q84	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q84	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q84	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q84
66. You would like to work more time, but currently, are you available to work more time?		YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q84	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q84	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q84	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q84
67. How many additional hours would you like to work per week?		NUMBER OF ADDITIONAL HOURS/ WEEK..... <input type="text"/> Q84 ←	NUMBER OF ADDITIONAL HOURS/ WEEK..... <input type="text"/> Q84 ←	NUMBER OF ADDITIONAL HOURS/ WEEK <input type="text"/> Q84 ←	NUMBER OF ADDITIONAL HOURS/ WEEK..... <input type="text"/> Q84 ←

H. QUESTIONS ABOUT THE UNEMPLOYMENT OR THE ECONOMICALLY INACTIVE STATUS

68. During the last 30 days, did you actively look for a job?		YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q70	YES.....1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q67	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q67	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> → Q67
69. During the last 30 days, in what method did you look for or apply for a job? <i>ABBREVIATION:</i> PROD/BUSIN: PRODUCTION/BUSINESS		JOB APPLYING1 <input type="checkbox"/> CONTACTING TO OR CHECKING AT EMPLOYMENT SERVICE ..2 <input type="checkbox"/> VIA FRIENDS OR RELATIVES .3 <input type="checkbox"/> PLACING ADVERTISEMENT ...4 <input type="checkbox"/> VIA RECRUITMENT NOTICE ...5 <input type="checkbox"/> PREPARING TO LAUNCH PROD/BUSIN ACTIVITIES.....6 <input type="checkbox"/> OTHERS _____ 7 <input type="checkbox"/> (SPECIFY) Q71 ←	JOB APPLYING1 <input type="checkbox"/> CONTACTING TO OR CHECKING AT EMPLOYMENT SERVICE ..2 <input type="checkbox"/> VIA FRIENDS OR RELATIVES .3 <input type="checkbox"/> PLACING ADVERTISEMENT ...4 <input type="checkbox"/> VIA RECRUITMENT NOTICE ...5 <input type="checkbox"/> PREPARING TO LAUNCH PROD/BUSIN ACTIVITIES.....6 <input type="checkbox"/> OTHERS _____ 7 <input type="checkbox"/> (SPECIFY) Q71 ←	JOB APPLYING1 <input type="checkbox"/> CONTACTING TO OR CHECKING AT EMPLOYMENT SERVICE ..2 <input type="checkbox"/> VIA FRIENDS OR RELATIVES .3 <input type="checkbox"/> PLACING ADVERTISEMENT ...4 <input type="checkbox"/> VIA RECRUITMENT NOTICE ...5 <input type="checkbox"/> PREPARING TO LAUNCH PROD/BUSIN ACTIVITIES6 <input type="checkbox"/> OTHERS _____ 7 <input type="checkbox"/> (SPECIFY) Q71 ←	JOB APPLYING1 CONTACTING TO OR CHECKING AT EMPLOYMENT SERVICE . 2 VIA FRIENDS OR RELATIVES 3 PLACING ADVERTISEMENT... 4 VIA RECRUITMENT NOTICE .. 5 PREPARING TO LAUNCH PROD/BUSIN ACTIVITIES 6 OTHERS _____ 7 (SPECIFY) Q71 ←

HOUSEHOLD NO: ..

<div style="display: flex; justify-content: space-between;"> QUESTION NAME AND SERIAL N^o </div>	<div style="display: flex; justify-content: space-between;"> _____ <input type="text"/> </div>	<div style="display: flex; justify-content: space-between;"> _____ <input type="text"/> </div>	<div style="display: flex; justify-content: space-between;"> _____ <input type="text"/> </div>	<div style="display: flex; justify-content: space-between;"> _____ <input type="text"/> </div>
<p>70. What was the main reason that you did not look for a job during the last 30 days?</p> <p>ABBREVIATION: BUS. ACT.: BUSINESS ACTIVITIES</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 FIND A JOB 03 <input type="checkbox"/></p> <p>TEMPORARY ABSENCE DUE TO LAYOFF OR THE PRODUCTION STOPPED..... 04 <input type="checkbox"/></p> <p>WAITING TO START A JOB/OR RESULT OF JOB APPLICATION/ TO LAUNCH BUS. ACT..... 05 <input type="checkbox"/></p> <p>OFF SEASON..... 06 <input type="checkbox"/></p> <p>BAD WEATHER..... 07 <input type="checkbox"/></p> <p>FAMILY OBLIGATIONS/ RESTING 08 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS..... 09 <input type="checkbox"/></p> <p>OTHERS _____ 10 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>DO NOT WANT/NEED TO WORK01 <input type="checkbox"/></p> <p>BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK.....02 <input type="checkbox"/></p> <p>DON'T KNOW WHERE/ HOW TO FIND A JOB03 <input type="checkbox"/></p> <p>TEMPORARY ABSENCE DUE TO LAYOFF OR THE PRODUCTION STOPPED.....04 <input type="checkbox"/></p> <p>WAITING TO START A JOB/OR RESULT OF JOB APPLICATION/ TO LAUNCH BUS. ACT.....05 <input type="checkbox"/></p> <p>OFF SEASON.....06 <input type="checkbox"/></p> <p>BAD WEATHER.....07 <input type="checkbox"/></p> <p>FAMILY OBLIGATIONS/ RESTING08 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS.....09 <input type="checkbox"/></p> <p>OTHERS _____ 10 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>DO NOT WANT/NEED TO WORK01 <input type="checkbox"/></p> <p>BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK02 <input type="checkbox"/></p> <p>DON'T KNOW WHERE/ HOW TO FIND A JOB03 <input type="checkbox"/></p> <p>TEMPORARY ABSENCE DUE TO LAYOFF OR THE PRODUCTION STOPPED.....04 <input type="checkbox"/></p> <p>WAITING TO START A JOB/OR RESULT OF JOB APPLICATION/ TO LAUNCH BUS. ACT.....05 <input type="checkbox"/></p> <p>OFF SEASON.....06 <input type="checkbox"/></p> <p>BAD WEATHER.....07 <input type="checkbox"/></p> <p>FAMILY OBLIGATIONS/ RESTING08 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS.....09 <input type="checkbox"/></p> <p>OTHERS _____ 10 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>DO NOT WANT/NEED TO WORK 01</p> <p>BELIEVE NO WORK AVAILABLE/ NO SUITABLE WORK..... 02</p> <p>DON'T KNOW WHERE/ HOW TO FIND A JOB 03</p> <p>TEMPORARY ABSENCE DUE TO LAYOFF OR THE PRODUCTION STOPPED..... 04</p> <p>WAITING TO START A JOB/OR RESULT OF JOB APPLICATION/ TO LAUNCH BUS. ACT..... 05</p> <p>OFF SEASON 06</p> <p>BAD WEATHER 07</p> <p>FAMILY OBLIGATIONS/ RESTING 08</p> <p>TEMPORARY ILLNESS 09</p> <p>OTHERS _____ 10</p> <p style="text-align: center;">(SPECIFY)</p>
<p>71. Would you be available for work immediately if you found a job in the last 7 days?</p>	<p>YES.....1 <input type="checkbox"/> → Q73</p> <p>NO2 <input type="checkbox"/></p>	<p>YES.....1 <input type="checkbox"/> → Q73</p> <p>NO2 <input type="checkbox"/></p>	<p>YES 1 <input type="checkbox"/> → Q73</p> <p>NO2 <input type="checkbox"/></p>	<p>YES..... 1 <input type="checkbox"/> → Q73</p> <p>NO..... 2 <input type="checkbox"/></p>
<p>72. What was the main reason that you were not available to work immediately?</p>	<p>SCHOOLING/TRAINING 1 <input type="checkbox"/></p> <p>FAMILY OBLIGATIONS 2 <input type="checkbox"/></p> <p>OFF SEASON..... 3 <input type="checkbox"/></p> <p>BAD WEATHER..... 4 <input type="checkbox"/></p> <p>RESTING..... 5 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS..... 6 <input type="checkbox"/></p> <p>OTHERS _____ 7 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>SCHOOLING/TRAINING 1 <input type="checkbox"/></p> <p>FAMILY OBLIGATIONS 2 <input type="checkbox"/></p> <p>OFF SEASON..... 3 <input type="checkbox"/></p> <p>BAD WEATHER..... 4 <input type="checkbox"/></p> <p>RESTING..... 5 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS..... 6 <input type="checkbox"/></p> <p>OTHERS _____ 7 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>SCHOOLING/TRAINING1 <input type="checkbox"/></p> <p>FAMILY OBLIGATIONS.....2 <input type="checkbox"/></p> <p>OFF SEASON.....3 <input type="checkbox"/></p> <p>BAD WEATHER.....4 <input type="checkbox"/></p> <p>RESTING.....5 <input type="checkbox"/></p> <p>TEMPORARY ILLNESS.....6 <input type="checkbox"/></p> <p>OTHERS _____ 7 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>SCHOOLING/TRAINING 1</p> <p>FAMILY OBLIGATIONS 2</p> <p>OFF SEASON 3</p> <p>BAD WEATHER 4</p> <p>RESTING 5</p> <p>TEMPORARY ILLNESS 6</p> <p>OTHERS _____ 7</p> <p style="text-align: center;">(SPECIFY)</p>

QUESTION	NAME AND SERIAL N°	_____ <input type="text"/>	_____ <input type="text"/>	_____ <input type="text"/>	_____ <input type="text"/>
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73. CHECK Q68 AND Q71: IF Q68 = 2 AND Q71 = 2 → Q75; OTHERWISE → Q74

74. How long have you been looking or available to work?	UNDER 3 MONTHS..... 1 <input type="checkbox"/>	UNDER 3 MONTHS..... 1 <input type="checkbox"/>	UNDER 3 MONTHS..... 1 <input type="checkbox"/>	UNDER 3 MONTHS 1
	3 TO UNDER 6 MONTHS 2 <input type="checkbox"/>	3 TO UNDER 6 MONTHS 2 <input type="checkbox"/>	3 TO UNDER 6 MONTHS 2 <input type="checkbox"/>	3 TO UNDER 6 MONTHS 2
	6 TO UNDER 9 MONTHS 3 <input type="checkbox"/>	6 TO UNDER 9 MONTHS 3 <input type="checkbox"/>	6 TO UNDER 9 MONTHS 3 <input type="checkbox"/>	6 TO UNDER 9 MONTHS 3
	9 TO UNDER 12 MONTHS 4 <input type="checkbox"/>	9 TO UNDER 12 MONTHS 4 <input type="checkbox"/>	9 TO UNDER 12 MONTHS 4 <input type="checkbox"/>	9 TO UNDER 12 MONTHS 4
	12 MONTHS AND ABOVE 5 <input type="checkbox"/>	12 MONTHS AND ABOVE 5 <input type="checkbox"/>	12 MONTHS AND ABOVE 5 <input type="checkbox"/>	12 MONTHS AND ABOVE 5

75. What was the main reason that you did not work in the last 7 days?	BEING STUDENT/PUPIL 1 <input type="checkbox"/>	BEING STUDENT/PUPIL 1 <input type="checkbox"/>	BEING STUDENT/PUPIL 1 <input type="checkbox"/>	BEING STUDENT/PUPIL 1
	HOUSEWORKING 2 <input type="checkbox"/>	HOUSEWORKING 2 <input type="checkbox"/>	HOUSEWORKING 2 <input type="checkbox"/>	HOUSEWORKING 2
	DISABLED 3 <input type="checkbox"/>	DISABLED 3 <input type="checkbox"/>	DISABLED 3 <input type="checkbox"/>	DISABLED 3
	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
	OTHERS 5 <input type="checkbox"/> (SPECIFY)	OTHERS 5 <input type="checkbox"/> (SPECIFY)	OTHERS 5 <input type="checkbox"/> (SPECIFY)	OTHERS 5 (SPECIFY)

76. Have you ever worked?	WORKED 1 <input type="checkbox"/>	WORKED 1 <input type="checkbox"/>	WORKED 1 <input type="checkbox"/>	WORKED 1 <input type="checkbox"/>
	NEVER 2 <input type="checkbox"/> → Q84	NEVER 2 <input type="checkbox"/> → Q84	NEVER 2 <input type="checkbox"/> → Q84	NEVER 2 <input type="checkbox"/> → Q84

I. QUESTIONS ABOUT THE JOB THAT THE RESPONDENT DID BEFORE JOB QUITTING

77. How long did you leave the last job?	UNDER 3 MONTHS..... 1 <input type="checkbox"/>	UNDER 3 MONTHS..... 1 <input type="checkbox"/>	UNDER 3 MONTHS..... 1 <input type="checkbox"/>	UNDER 3 MONTHS 1
	3 TO UNDER 6 MONTHS 2 <input type="checkbox"/>	3 TO UNDER 6 MONTHS 2 <input type="checkbox"/>	3 TO UNDER 6 MONTHS 2 <input type="checkbox"/>	3 TO UNDER 6 MONTHS 2
	6 TO UNDER 9 MONTHS 3 <input type="checkbox"/>	6 TO UNDER 9 MONTHS 3 <input type="checkbox"/>	6 TO UNDER 9 MONTHS 3 <input type="checkbox"/>	6 TO UNDER 9 MONTHS 3
	9 TO UNDER 12 MONTHS 4 <input type="checkbox"/>	9 TO UNDER 12 MONTHS 4 <input type="checkbox"/>	9 TO UNDER 12 MONTHS 4 <input type="checkbox"/>	9 TO UNDER 12 MONTHS 4
	1 TO UNDER 5 YEARS..... 5 <input type="checkbox"/>	1 TO UNDER 5 YEARS 5 <input type="checkbox"/>	1 TO UNDER 5 YEARS 5 <input type="checkbox"/>	1 TO UNDER 5 YEARS..... 5
	5 YEARS AND ABOVE 6 <input type="checkbox"/> Q84 ←	5 YEARS AND ABOVE 6 <input type="checkbox"/> Q84 ←	5 YEARS AND ABOVE 6 <input type="checkbox"/> Q84 ←	5 YEARS AND ABOVE..... 6 Q84 ←

HOUSEHOLD NO: ..

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NAME AND SERIAL N° QUESTION	_____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td></td><td></td></tr></table>			_____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td></td><td></td></tr></table>			_____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td></td><td></td></tr></table>			_____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td></td></tr></table>								
<p>78. Why did you leave the last job?</p> <p>WORKFORCE CUTDOWN..... 1 <input type="checkbox"/></p> <p>DISSOLUTION/ RESTRUCTURE 2 <input type="checkbox"/></p> <p>ENTERPRISE/COMPANY BUSINESS HH CLOSED..... 3 <input type="checkbox"/></p> <p>DISMISSED 4 <input type="checkbox"/></p> <p>CONTRACT ENDING 5 <input type="checkbox"/></p> <p>LOW SALARY/ALLOWANCE, JOB QUITTING 6 <input type="checkbox"/></p> <p>FARM-LAND LOSING..... 7 <input type="checkbox"/></p> <p>OTHERS _____ 8 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>WORKFORCE CUTDOWN..... 1 <input type="checkbox"/></p> <p>DISSOLUTION/ RESTRUCTURE 2 <input type="checkbox"/></p> <p>ENTERPRISE/COMPANY BUSINESS HH CLOSED..... 3 <input type="checkbox"/></p> <p>DISMISSED 4 <input type="checkbox"/></p> <p>CONTRACT ENDING 5 <input type="checkbox"/></p> <p>LOW SALAR/ALLOWANCE, JOB QUITTING 6 <input type="checkbox"/></p> <p>FARM-LAND LOSING..... 7 <input type="checkbox"/></p> <p>OTHERS _____ 8 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>WORKFORCE CUTDOWN.....1 <input type="checkbox"/></p> <p>DISSOLUTION/ RESTRUCTURE2 <input type="checkbox"/></p> <p>ENTERPRISE/COMPANY BUSINESS HH CLOSED3 <input type="checkbox"/></p> <p>DISMISSED4 <input type="checkbox"/></p> <p>CONTRACT ENDING5 <input type="checkbox"/></p> <p>LOW SALAR/ALLOWANCE, JOB QUITTING6 <input type="checkbox"/></p> <p>FARM-LAND LOSING.....7 <input type="checkbox"/></p> <p>OTHERS _____ 8 <input type="checkbox"/></p> <p style="text-align: center;">(SPECIFY)</p>	<p>WORKFORCE CUTDOWN 1</p> <p>DISSOLUTION/ RESTRUCTURE..... 2</p> <p>ENTERPRISE/COMPANY BUSINESS HH CLOSED..... 3</p> <p>DISMISSED 4</p> <p>CONTRACT ENDING..... 5</p> <p>LOW SALAR/ALLOWANCE, JOB QUITTING 6</p> <p>FARM-LAND LOSING 7</p> <p>OTHERS _____ 8</p> <p style="text-align: center;">(SPECIFY)</p>															
<p>79. What was the last job that you did before job quitting?</p> <p>_____</p> <p>_____</p> <p>_____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p style="text-align: center;">(SPECIFY)</p>					<p>_____</p> <p>_____</p> <p>_____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p style="text-align: center;">(SPECIFY)</p>					<p>_____</p> <p>_____</p> <p>_____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p style="text-align: center;">(SPECIFY)</p>					<p>_____</p> <p>_____</p> <p>_____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td></td><td></td><td></td></tr></table></p> <p style="text-align: center;">(SPECIFY)</p>			
<p>80. With the above-mentioned job, were you:</p> <p>- Employer (hiring laborer)?</p> <p>- Own-account worker (not hiring any laborers)?</p> <p>- Unpaid family worker</p> <p>- Wage worker or</p> <p>- Member of cooperative?</p>	<p>EMPLOYER..... 1 <input type="checkbox"/></p> <p>OWN-ACCOUNT WORKER..... 2 <input type="checkbox"/></p> <p>UNPAID FAMILY WORKER..... 3 <input type="checkbox"/></p> <p>WAGE WORKER 4 <input type="checkbox"/></p> <p>MEMBER OF COOPERATIVE 5 <input type="checkbox"/></p>	<p>EMPLOYER..... 1 <input type="checkbox"/></p> <p>OWN-ACCOUNT WORKER..... 2 <input type="checkbox"/></p> <p>UNPAID FAMILY WORKER..... 3 <input type="checkbox"/></p> <p>WAGE WORKER 4 <input type="checkbox"/></p> <p>MEMBER OF COOPERATIVE 5 <input type="checkbox"/></p>	<p>EMPLOYER.....1 <input type="checkbox"/></p> <p>OWN-ACCOUNT WORKER2 <input type="checkbox"/></p> <p>UNPAID FAMILY WORKER.....3 <input type="checkbox"/></p> <p>WAGE WORKER4 <input type="checkbox"/></p> <p>MEMBER OF COOPERATIVE.....5 <input type="checkbox"/></p>	<p>EMPLOYER 1</p> <p>OWN-ACCOUNT WORKER..... 2</p> <p>UNPAID FAMILY WORKER 3</p> <p>WAGE WORKER 4</p> <p>MEMBER OF COOPERATIVE 5</p>														

QUESTION	NAME AND SERIAL N°			
<p>81. Is the establishment where you worked in the last job classified as household/individual, individual production/business household or belonged to the collective, private, state or foreign investment economic sector?</p> <p>ABBREVIATION: HH: HOUSEHOLD</p>	<p>HOUSEHOLD/INDIVIDUAL..... 1 <input type="checkbox"/></p> <p>INDIVIDUAL BUSINESS HH..... 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>+ PRODUCTIVE UNIT 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>INDIVIDUAL BUSINESS HH..... 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>+ PRODUCTIVE UNIT 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>INDIVIDUAL BUSINESS HH..... 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>+ PRODUCTIVE UNIT 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>INDIVIDUAL BUSINESS HH. 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>+ PRODUCTIVE UNIT..... 6 <input type="checkbox"/></p> <p>+ ENTERPRISE 7 <input type="checkbox"/></p> <p>FOREIGN INVESTMENT 8 <input type="checkbox"/></p>
<p>82. What is the full name and address of the establishment where you worked in the above-mentioned last job?</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>83. What is the main activity or main type of product/service of the establishment where you worked in the above-mentioned last job?</p> <p>NOTE: FOR HOUSEHOLD/INDIVIDUAL, COMBINE WITH Q79 TO RECORD THE INDUSTRIAL CODE</p>	<p>_____</p> <p>_____</p> <p>(SPECIFY) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>(SPECIFY) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>(SPECIFY) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>_____</p> <p>_____</p> <p>(SPECIFY) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p>84. A. CHECK: IF Q16=1 OR Q17=1 OR Q18=1 OR Q19=1 OR Q21=1, THE RESPONDENT IS CLASSIFIED AS "EMPLOYED"</p> <p>B. CHECK: IF Q68=1 AND Q71=1, OR Q71=1 AND Q70=4/5/6/7/8/9, THE RESPONDENT IS CLASSIFIED AS "UNEMPLOYED"</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>85. CHECK Q7: IF THERE ARE OTHER RESPONDENTS FOR PART 2: "INDIVIDUAL INFORMATION", ASK THE NEXT; OTHERWISE, FINALIZE THE INTERVIEW.</p>				