



---

International  
Labour  
Organization

# **ILO Model LFS for PAPI<sup>1</sup>**

**Demographic and background characteristics**

**(Version 2)**

**February 2019**

---

<sup>1</sup>For use with the ILO Model LFS for PAPI: Labour modules.



Contents

HOUSEHOLD ROSTER AND DEMOGRAPHICS..... 1

INTERNATIONAL MIGRATION STATUS ..... 3

DISABILITY STATUS ..... 4

HOUSEHOLD SOURCES OF LIVELIHOOD ..... 5

HOUSEHOLD AGRICULTURE ..... 6

HOUSEHOLD ROSTER AND DEMOGRAPHICS			
<b>A.1</b>	PERSON NUMBER OF EACH HOUSEHOLD MEMBER	_____	
		PPNO#	
<b>A.2</b>	What are the names of the members of this household, starting with the head or reference person?	_____	
		NAME PERSON 1	
		_____	
		NAME PERSON 2	
		_____	
		NAME PERSON N	
<b>A.3</b>	<i>READ ONLY IF SEX IS NOT CLEAR</i> Is (NAME) male or female?	MALE	01 <input type="checkbox"/>
		FEMALE	02 <input type="checkbox"/>
<b>A.4</b>	What is (NAME)'s relationship to the (head/reference person) of the household?	REFERENCE PERSON/HEAD	01 <input type="checkbox"/>
		SPOUSE/PARTNER	02 <input type="checkbox"/>
		SON/DAUGHTER	03 <input type="checkbox"/>
		MOTHER/FATHER	04 <input type="checkbox"/>
		OTHER RELATIVE	05 <input type="checkbox"/>
		DOMESTIC WORKER	06 <input type="checkbox"/>
		OTHER UNRELATED PERSON	07 <input type="checkbox"/>
<b>A.5</b>	What is (NAMES)'s date of birth?	_/_/____	
		DD MM YYYY	
		97/97/9997 DON'T KNOW	
<b>A.6</b>	<i>INTERVIEWER CALCULATE &amp; ENTER AGE, ELSE IF YEAR OR MONTH = 9997 ASK:</i> How old is (NAME)?	_____	
		AGE	
		<i>Write '00' if less than 1 year</i>	
<b>FOR MEMBERS AGED &gt;=15</b>			
<b>A.7</b>	What is (NAME)'s marital status?	SINGLE/NEVER MARRIED	01 <input type="checkbox"/>
		MARRIED	02 <input type="checkbox"/>
		SEPARATED	03 <input type="checkbox"/>
		DIVORCED	04 <input type="checkbox"/>
		WIDOWED	05 <input type="checkbox"/>
<b>FOR MEMBERS AGED &gt;=5</b>			
<b>A.8</b>	What is the highest level of education that (NAME) has completed?	[NEVER ATTENDED SCHOOL]	01 <input type="checkbox"/> →A.11
		[LESS THAN PRIMARY]	02 <input type="checkbox"/> →A.10
		[PRIMARY]	03 <input type="checkbox"/> →A.10
		[LOWER SECONDARY]	04 <input type="checkbox"/> →A.10
		[UPPER SECONDARY]	05 <input type="checkbox"/> →A.10
		[POST SECONDARY NON-TERTIARY]	06 <input type="checkbox"/>
		[TERTIARY]	07 <input type="checkbox"/>
<b>A.9</b>	In which field of study is (NAME)'s highest educational qualification?	_____	
		NAME	
<b>FOR MEMBERS AGED BETWEEN 5 &amp; 29 YEARS</b>			
<b>A.10</b>	Is (NAME) attending school in the current school cycle?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>

<i>FOR MEMBERS AGED BETWEEN 15 &amp; 29 YEARS</i>			
<b>A.11</b>	In the last 4 weeks, did (NAME) participate in any unpaid apprenticeship, internship or work-place training?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
<b>A.12</b>	Or, in the last 4 weeks, did (NAME) attend any courses, seminars or other training to develop specific skills, for example languages, computer skills etc?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>

<b>INTERNATIONAL MIGRATION STATUS</b>			
<i>FOR ALL HOUSEHOLD MEMBERS</i>			
<b>B.1</b>	(Were/was) (you/NAME) born in [COUNTRY]?	YES 01 <input type="checkbox"/>	→B.6
		NO 02 <input type="checkbox"/>	
<b>B.2</b>	In which country (were/was) (you/NAME) born?	a. _____ NAME OF COUNTRY  b. _____ CODE OF COUNTRY	
<b>B.3</b>	In which month and year did (you/NAME) most recently arrive to live in [COUNTRY]?	a. _____ MONTH (MM) 97 DON'T KNOW  b. _____ YEAR (YYYY) 9997 DON'T KNOW  →B.5	
<b>B.4</b>	How long (have/has) (you/NAME) been living in [COUNTRY]...?	<i>READ</i> Less than 12 months 01 <input type="checkbox"/> One year to less than 5 years 02 <input type="checkbox"/> Five years to less than 10 years 03 <input type="checkbox"/> Ten years or more 04 <input type="checkbox"/>	
<b>B.5</b>	What was (your/NAME's) main reason for moving to [COUNTRY]?	TO TAKE UP A JOB 01 <input type="checkbox"/> JOB TRANSFER 02 <input type="checkbox"/> TO LOOK FOR PAID WORK 03 <input type="checkbox"/> TO START A BUSINESS 04 <input type="checkbox"/> TO STUDY 05 <input type="checkbox"/> MARRIAGE 06 <input type="checkbox"/> FAMILY MOVED/JOINING FAMILY 07 <input type="checkbox"/> HEALTH 08 <input type="checkbox"/> CONFLICT, INSECURITY, DISASTER 09 <input type="checkbox"/> OTHER (SPECIFY): _____ 10 <input type="checkbox"/>	
<b>B.6</b>	(Are/is) (you/NAME) a citizen of...?	<i>READ &amp; MARK ALL THAT APPLY</i> [COUNTRY] 01 <input type="checkbox"/> →C.1 Another country 02 <input type="checkbox"/> <i>DO NOT READ</i> [STATELESS] 03 <input type="checkbox"/> →C.1	
<b>B.7</b>	Which country (are/is)(you/NAME) a citizen of...?	a. _____ NAME OF COUNTRY  b. _____ CODE OF COUNTRY	

<b>DISABILITY STATUS</b>		
<i>FOR MEMBERS AGED &gt;=5</i>		
<i>INTERVIEWER READ:</i>		
The next questions ask about difficulties (you/NAME) may have doing certain activities because of a health problem...		
<b>C.1</b>	(Do/does) (you/NAME) have difficulty seeing, even if wearing glasses? Would you say...?	<i>READ</i>
		No, no difficulty 01 <input type="checkbox"/>
		Yes, some difficulty 02 <input type="checkbox"/>
		Yes, a lot of difficulty 03 <input type="checkbox"/>
		Cannot do it at all 04 <input type="checkbox"/>
<b>C.2</b>	(Do/does) (you/NAME) have difficulty hearing, even if using a hearing aid?	<i>READ ONLY IF NEEDED</i>
		No, no difficulty 01 <input type="checkbox"/>
		Yes, some difficulty 02 <input type="checkbox"/>
		Yes, a lot of difficulty 03 <input type="checkbox"/>
		Cannot do it at all 04 <input type="checkbox"/>
<b>C.3</b>	(Do/does) (you/NAME) have difficulty walking or climbing steps?	<i>READ ONLY IF NEEDED</i>
		No, no difficulty 01 <input type="checkbox"/>
		Yes, some difficulty 02 <input type="checkbox"/>
		Yes, a lot of difficulty 03 <input type="checkbox"/>
		Cannot do it at all 04 <input type="checkbox"/>
<b>C.4</b>	(Do/does) (you/NAME) have difficulty remembering or concentrating?	<i>READ ONLY IF NEEDED</i>
		No, no difficulty 01 <input type="checkbox"/>
		Yes, some difficulty 02 <input type="checkbox"/>
		Yes, a lot of difficulty 03 <input type="checkbox"/>
		Cannot do it at all 04 <input type="checkbox"/>
<b>C.5</b>	(Do/does) (you/NAME) have difficulty with (self-care such as) washing all over or dressing?	<i>READ ONLY IF NEEDED</i>
		No, no difficulty 01 <input type="checkbox"/>
		Yes, some difficulty 02 <input type="checkbox"/>
		Yes, a lot of difficulty 03 <input type="checkbox"/>
		Cannot do it at all 04 <input type="checkbox"/>
<b>C.6</b>	Using (your/his/her) (usual/customary) language, (do/does) (you/NAME) have difficulty communicating for example understanding or being understood by others?	<i>READ ONLY IF NEEDED</i>
		No, no difficulty 01 <input type="checkbox"/>
		Yes, some difficulty 02 <input type="checkbox"/>
		Yes, a lot of difficulty 03 <input type="checkbox"/>
		Cannot do it at all 04 <input type="checkbox"/>

<b>HOUSEHOLD SOURCES OF LIVELIHOOD</b>		
<i>FOR HOUSEHOLD REFERENCE PERSON OR HEAD ONLY</i>		
<b>D.1</b>	In the last 12 months, from [MO] up to last month, which of the following sources of support did the household have?	
	<i>READ AND MARK ALL THAT APPLY</i>	
	Income from household farming or fishing	01 <input type="checkbox"/>
	Income from a household business (other than farming or fishing)	02 <input type="checkbox"/>
	Income from a paid job (held by a household member or yourself)	03 <input type="checkbox"/>
	Foodstuff produced by the household from farming, raising animals or fishing	04 <input type="checkbox"/>
	Remittances from abroad	05 <input type="checkbox"/>
	Support from other households in the country	06 <input type="checkbox"/>
	Income from properties, investments or savings	07 <input type="checkbox"/>
	Private or state pension or other Government support	08 <input type="checkbox"/>
	Charity from NSOs or other charitable organizations	09 <input type="checkbox"/>
	OTHER (SPECIFY): _____	10 <input type="checkbox"/>
	<i>IF ONLY ONE OPTION IS SELECTED → E.1 OTHERWISE CONTINUE WITH D2</i>	
<b>D.2</b>	In the last 12 months, which of those was the MAIN source of support of this household?	
	<i>READ ONLY THOSE SELECTED IN D.1 AND MARK ONLY ONE</i>	
	Income from household farming or fishing	01 <input type="checkbox"/>
	Income from a household business (other than farming or fishing)	02 <input type="checkbox"/>
	Income from a paid job (held by a household member or yourself)	03 <input type="checkbox"/>
	Foodstuff produced by the household from farming, raising animals or fishing	04 <input type="checkbox"/>
	Remittances from abroad	05 <input type="checkbox"/>
	Support from other households in the country	06 <input type="checkbox"/>
	Income from properties, investments or savings	07 <input type="checkbox"/>
	Private or state pension or other Government support	08 <input type="checkbox"/>
	Charity from NSOs or other charitable organizations	09 <input type="checkbox"/>
	OTHER (SPECIFY): _____	10 <input type="checkbox"/>



<b>HOUSEHOLD AGRICULTURE</b>		
ASK IF D1=01 OR 04 FOR HOUSEHOLD REFERENCE PERSON OR HEAD ONLY		
<b>E.1</b>	Considering the [current/last] season, did any member of this household work or help with any of the following activities...?	
	<i>READ AND MARK ALL THAT APPLY</i>	
	Farming to grow crops, fruits or other products	01 <input type="checkbox"/>
	Raising or keeping farm animals for meat or other products	02 <input type="checkbox"/>
	Fishing, pond fishing or collecting shellfish	03 <input type="checkbox"/>
	<i>DO NOT READ</i>	
	NONE OF THE ABOVE	04 <input type="checkbox"/>
		<b>→LABOUR MODULES 1.1</b>
<b>E.2</b>	Thinking about the [farming/fish/animal products] your household (is producing/produced) as a whole in the [current/last] season, (are/were) they intended?	
	<i>READ</i>	
	Only for sale	01 <input type="checkbox"/>
	Mainly for sale	02 <input type="checkbox"/>
	Mainly for family use	03 <input type="checkbox"/>
	Only kept for family use	04 <input type="checkbox"/>
	<i>DO NOT READ</i>	
	CANNOT SAY	05 <input type="checkbox"/>
		<b>→LABOUR MODULES 1.1</b>
<b>E.3</b>	In general, in the past have these products been...?	
	<i>READ</i>	
	Only sold	01 <input type="checkbox"/>
	Mainly sold	02 <input type="checkbox"/>
	Mainly kept for family use	03 <input type="checkbox"/>
	Only kept for family use	04 <input type="checkbox"/>
		<b>→LABOUR MODULES 1.1</b>