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International  
Labour  
Organization

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

## **Labour modules**

### **Approach 1(version 2)**

**February 2019**

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<sup>1</sup>To be used together with the accompanying National adaptation guide.



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## GENERAL CONVENTIONS

### Conventions used in the ILO model LFS questionnaires for PAPI

- Regular text: Indicates text to be read by the interviewer
- *Italics*: Indicates interviewer instructions or aids, not to be read out loud
- CAPS: INDICATES RESPONSE CATEGORIES AND FILTERS NOT TO BE READ OUT LOUD
- (Parenthesis): Indicates that a choice or a substitution must be made
- **[Red text]**: Indicates questions that may be included/excluded as per national circumstances
- **[Blue text within square brackets]**: Indicates text that must be adapted as per national circumstances
- **Bold text**: Indicates question numbers, section headings, skips, and other structural items

## Module 1: Respondent Status

<b>1.1</b>	Now, I would like to talk to (PPNO# NAME). Is (PPNO# NAME) available?	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	
<b>1.2</b>	<i>INTERVIEWER TO ANSWER: IS THE PERSON (HIM/HERSELF) RESPONDING TO THE QUESTIONS?</i>	YES	01 <input type="checkbox"/>	→ <b>1.5</b>
		NO	02 <input type="checkbox"/>	
<b>1.3</b>	<i>INTERVIEWER, ENTER THE PPNO OF THE PERSON RESPONDING TO THE QUESTIONS</i>	_____		
		PPNO#		
<b>1.4</b>	Can you let me know what is your relationship to (PPNO#NAME)?	SPOUSE OR PARTNER	01 <input type="checkbox"/>	
		SON OR DAUGHTER	02 <input type="checkbox"/>	
		MOTHER OR FATHER	03 <input type="checkbox"/>	
		OTHER RELATIVE	04 <input type="checkbox"/>	
		UNRELATED	05 <input type="checkbox"/>	
<b>1.5</b>	<i>INTERVIEWER RECORD THE START TIME OF THE INTERVIEW</i>	_____		
		HH:MM		

Module 2: Employed at work				
<b>2.1</b>	Last week, that is from [DAY] up to [DAY/yesterday] did (you/NAME) do any work for someone else for pay, even if only for one hour?	YES	01 <input type="checkbox"/>	→5.1
		NO	02 <input type="checkbox"/>	
<b>2.2</b>	Last week, did (you/NAME) run or do any kind of business, farming or other activity to generate income, even if only for one hour?  <i>READ IF NEEDED: For example: [making things for sale, growing produce for sale, buying and reselling things, provided services for pay, raising animals or catching fish for sale]</i>	YES	01 <input type="checkbox"/>	→4.2
		NO	02 <input type="checkbox"/>	
<b>2.3</b>	Last week, did (you/NAME) help with the paid job or business of a household or family member?	YES	01 <input type="checkbox"/>	→4.2
		NO	02 <input type="checkbox"/>	

Module 3: Temporary Absence				
<b>3.1</b>	Even though (you/NAME) did not work, last week did (you/NAME) have a paid job or a business?	YES	01 <input type="checkbox"/>	→4.1
		NO	02 <input type="checkbox"/>	
<b>3.2</b>	Why did (you/NAME) not work last week?			
	WAITING TO START NEW JOB OR BUSINESS		01 <input type="checkbox"/>	→4.1
	LOW OR OFF-SEASON		02 <input type="checkbox"/>	
	SHIFT WORK, FLEXI TIME, NATURE OF WORK		03 <input type="checkbox"/>	→4.2
	VACATION, HOLIDAYS		04 <input type="checkbox"/>	→4.2
	SICKNESS, ILLNESS, ACCIDENT		05 <input type="checkbox"/>	→4.2
	MATERNITY, PATERNITY LEAVE		06 <input type="checkbox"/>	→4.2
	EDUCATION LEAVE OR TRAINING		07 <input type="checkbox"/>	→3.3
	OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES...)		08 <input type="checkbox"/>	→3.3
	TEMPORARY LAY OFF, NO CLIENTS OR MATERIALS, WORK BREAK		09 <input type="checkbox"/>	→3.3
	BAD WEATHER, NATURAL DISASTER		10 <input type="checkbox"/>	→3.3
	STRIKE OR LABOUR DISPUTE		11 <input type="checkbox"/>	→3.3
	LONG-TERM DISABILITY		12 <input type="checkbox"/>	→3.3
	OTHER (SPECIFY): _____		13 <input type="checkbox"/>	→3.3
<b>3.2a</b>	During the low/off-season, (do/does) (you/NAME) continue to do some work for that job or business?	YES	01 <input type="checkbox"/>	→4.2
		NO	02 <input type="checkbox"/>	→4.1
<b>3.3</b>	Including the time that (you/NAME) (have/has) been absent, will (you/NAME) return to that same job or business in 3 months or less?	YES	01 <input type="checkbox"/>	→4.2
		NO	02 <input type="checkbox"/>	
		DON'T KNOW	97 <input type="checkbox"/>	
<b>3.4</b>	(Do/Does) (you/NAME) continue to receive an income from (your/his/her) job or business during this absence?	YES	01 <input type="checkbox"/>	→4.2
		NO	02 <input type="checkbox"/>	→4.1
		DON'T KNOW	97 <input type="checkbox"/>	→4.1

Module 4: Agricultural Work and Market Orientation			
<b>4.1</b>	Last week did (you/NAME) do any work in farming, rearing animals, [fishing or fish farming]?	YES	01 <input type="checkbox"/> →4.3
		NO	02 <input type="checkbox"/> →9.1
<b>4.2</b>	Was this work that you mentioned in...?		
	<i>READ CATEGORIES &amp; MARK ALL THAT APPLY</i>		
	Farming or rearing farm animals	01 <input type="checkbox"/>	
	[Fishing or fish farming]	02 <input type="checkbox"/>	
	Another type of job or business	03 <input type="checkbox"/>	→5.1
<b>4.3</b>	Thinking about the products from farming [or fishing] (you/NAME) worked on, are they intended..... ?		
	<i>READ CATEGORIES &amp; MARK ONE</i>		
	Only for sale	01 <input type="checkbox"/>	→5.1
	Mainly for sale	02 <input type="checkbox"/>	→5.1
	Mainly for family use	03 <input type="checkbox"/>	→4.5
	Only for family use	04 <input type="checkbox"/>	→4.5
	<i>DO NOT READ</i>		
	CANNOT SAY	05 <input type="checkbox"/>	
<b>4.4</b>	In general, in the past have these products been mainly sold or mainly kept for family use?	ONLY SOLD	01 <input type="checkbox"/> →5.1
		MAINLY SOLD	02 <input type="checkbox"/> →5.1
		MAINLY KEPT FOR FAMILY USE	03 <input type="checkbox"/>
		ONLY KEPT FOR FAMILY USE	04 <input type="checkbox"/>
<b>4.5</b>	(Were/Was) (you/NAME) hired by someone else to do this work?	YES	01 <input type="checkbox"/> →5.1
		NO	02 <input type="checkbox"/>
<b>4.6</b>	What are the main products from farming [or fishing] that (you/NAME) (were/was) working on? <i>For example: [citrus fruits, vegetables, freshwater fish, cattle, chicken, rice]</i>	_____	
		MAIN GOODS	
<b>4.6a</b>		ISIC CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>4.7</b>	What are the main tasks that (you/NAME) perform in this activity?	_____	
		MAIN TASKS	
<b>4.7a</b>		ISCO CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>4.8</b>	Last week, on how many days did (you/NAME) do this work?	_____	
		NUMBER OF DAYS	
<b>4.9</b>	How many hours per day did (you/NAME) spend doing this last week?	_____	
		HOURS PER DAY →9.1 ENTER 97 FOR DON'T KNOW	



Module 5: Characteristics of Main Job			
<b>5.1</b>	Last week did (you/NAME) have more than one job or business?	ONE JOB/BUSINESS	01 <input type="checkbox"/> →5.3
		MORE THAN ONE	02 <input type="checkbox"/>
<b>5.2</b>	<b>INTERVIEWER TO READ:</b> I am now going to ask you some questions about (your/NAME's) main job or business. The main job is the one where (you/NAME) usually work(s) the highest number of hours even if (you/NAME) (were/was) temporarily absent last week.		
<b>5.3</b>	In (your/his/her) main job, what kind of work (do/does) (you/NAME) usually do?	_____	
<b>5.3a</b>	<i>([e.g. Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write])</i>	_____	
<b>5.3b</b>		_____	
		JOB TITLE OR DESCRIPTION	
		_____	
		MAIN TASKS AND DUTIES	
		_____	
		ISCO CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>5.4</b>	Does the business or place where (you/NAME) work(s) have a name?	YES	01 <input type="checkbox"/>
		BUSINESS WITHOUT A NAME	02 <input type="checkbox"/> →5.6
		PRIVATE HOUSEHOLD AS A DOMESTIC WORKER	03 <input type="checkbox"/> →5.7
<b>5.5</b>	What is the name?	_____	
		(NAME OF ESTABLISHMENT)	
<b>5.6</b>	What is the main activity of the business or place where (you/NAME) work(s)?	_____	
<b>5.6a</b>	<i>([e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods])</i>	_____	
<b>5.6b</b>		_____	
		MAIN ACTIVITY	
		_____	
		GOODS OR SERVICES	
		_____	
		ISIC CODE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>5.7</b>	In (your/NAME's) main job, (do/does) (you/NAME) work...?		
	<b>READ</b>		
	As an employee for someone else	01 <input type="checkbox"/>	→5.10
	In (your/NAME's) own business activity	02 <input type="checkbox"/>	→5.9
	Without pay in a household or family business	03 <input type="checkbox"/>	
	As an apprentice, intern	04 <input type="checkbox"/>	→5.10
	Helping a family member who works for someone else	05 <input type="checkbox"/>	→5.10
<b>Note for adaptation: The following set of questions is for self-identified contributing family workers</b>			
<b>5.8</b>	Who usually makes the decisions about the running of the business?		
	<b>READ</b>		
	(You/NAME)	01 <input type="checkbox"/>	
	(You/NAME) together with others	02 <input type="checkbox"/>	
	Other family member(s) only	03 <input type="checkbox"/>	→5.10b
	Other (non-related) person(s) only	04 <input type="checkbox"/>	→5.10b

<b>Note for adaptation: The following set of questions is for those identified as self-employed</b>			
<b>5.9</b>	Did (you/NAME) have any paid employees last week?	YES	01 <input type="checkbox"/> →5.11
		NO	02 <input type="checkbox"/>
<b>5.9a</b>	Can (you/NAME) set the price of the products or services that (you/NAME) offer(s) (yourself/himself/herself)?	YES	01 <input type="checkbox"/> →5.11
		NO	02 <input type="checkbox"/>
<b>5.9b</b>	Why can (you/NAME) not set the price? Is it because ....		
	<i>READ</i>		
	Another enterprise or agent sets the price	01 <input type="checkbox"/>	→5.11
	Prices are set by the customer(s)	02 <input type="checkbox"/>	→5.11
	Government defines the price by law/regulation	03 <input type="checkbox"/>	→5.11
	Prices are negotiated with the customer	04 <input type="checkbox"/>	→5.11
	It's the going rate on the market	05 <input type="checkbox"/>	→5.11
Other (specify): _____	06 <input type="checkbox"/>	→5.11	
<b>Note for adaptation: The following set of questions is for those identified as employees or apprentices or assisting family members. Questions from 5.10b are also addressed to contributing family workers</b>			
<b>5.10</b>	(Are/is) (you/NAME) employed by ....		
	<i>READ</i>		
	The government or a state owned enterprise	01 <input type="checkbox"/>	
	A farm	02 <input type="checkbox"/>	
	A private business (non-farm)	03 <input type="checkbox"/>	
	A household(s) as a domestic worker	04 <input type="checkbox"/>	
	An NGO, non-profit institution, church	05 <input type="checkbox"/>	
	An international organization or a foreign embassy	06 <input type="checkbox"/>	
<b>5.10a</b>	Who pays (you/NAME) for that work? Is it...?		
	<i>READ</i>		
	The business, organisation or household where (you/NAME) (do/does) the work?	01 <input type="checkbox"/>	
	Or a different organisation, business or household?	02 <input type="checkbox"/>	
<b>5.10b</b>	Which of the following types of pay (do/does) (you/NAME) receive for this work?		
	<i>READ AND MARK ALL THAT APPLY</i>		
	a. A wage or salary	<input type="checkbox"/>	
	b. Payment by piece of work completed	<input type="checkbox"/>	
	c. Commissions	<input type="checkbox"/>	
	d. Tips	<input type="checkbox"/>	
	e. Fees for services provided	<input type="checkbox"/>	
	f. Payment with meals or accommodation	<input type="checkbox"/>	
	g. Payment in products	<input type="checkbox"/>	
	h. OTHER CASH PAYMENT (Specify): _____	<input type="checkbox"/>	
	i. I AM NOT PAID	<input type="checkbox"/>	→MODULE 6

<b>5.10c</b>	(Do/does)(you/NAME) have a written contract or oral agreement for the work (you/he/she) (do/does)?	YES, WRITTEN CONTRACT YES, ORAL AGREEMENT DON'T KNOW	01 <input type="checkbox"/> 02 <input type="checkbox"/> 09 <input type="checkbox"/>	→5.10i
<b>5.10d</b>	Does the contract or agreement specify a minimum amount of hours or work that (you/NAME) (are/is) supposed to do?	YES. IT SPECIFIES MINIMUM HOURS TO BE WORKED YES, IT SPECIFIES TASKS OR WORK TO BE COMPLETED NO, [0-HOUR CONTRACT OR CONTACTED WHEN NEEDED]	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	→5.10f →5.10f
<b>5.10e</b>	What are (your/NAMES) agreed or contractual working hours per week?	_____ HOURS PER WEEK ENTER 997 FOR DON'T KNOW		
<b>5.10f</b>	Which of the following best describes (your/NAME's) contract or agreement. Is it....?	READ For a specified period of time Permanent or until retirement Not permanent but without a specified end date For the completion of tasks	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 03 <input type="checkbox"/>	→5.10j →5.10j
<b>5.10g</b>	How long in total is (your/NAME's) current agreement?	DAILY CONTRACT/AGREEMENT LESS THAN ONE MONTH 1 TO LESS THAN 3 MONTHS 3 TO LESS THAN 6 MONTHS 6 TO LESS THAN 12 MONTHS 12 TO LESS THAN 24 MONTHS 2 YEARS OR MORE NO SPECIFIED DURATION	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/>	→5.10i
<b>5.10h</b>	Is (your/NAME's) agreement for a limited period because...?	READ It is a period of training (apprentice, trainee, research assistant, etc) It is required before a permanent contract is granted It is seasonal work It is part of an employment creation program It is substitute work It terminates once a specific task is completed OTHER REASONS	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/>	→5.10j →5.10j →5.10j →5.10j →5.10j →5.10j →5.10j
<b>5.10i</b>	Is (your/NAME's) work seasonal?	YES NO	01 <input type="checkbox"/> 02 <input type="checkbox"/>	
<b>5.10j</b>	Is (your/NAME's) employer responsible for deducting any taxes on (your/NAME's) income or is that (your/NAME's) responsibility?	EMPLOYER IS RESPONSIBLE (NAME IS RESPONSIBLE)	01 <input type="checkbox"/> 02 <input type="checkbox"/>	
<b>5.10k</b>	Does (your/NAME's) employer pay contributions to a [Pension Fund/Health/Unemployment Insurance] for (you/NAME)?	YES NO DON'T KNOW	01 <input type="checkbox"/> 02 <input type="checkbox"/> 97 <input type="checkbox"/>	

<b>5.10l</b>	(Do/Does) (you/NAME) get paid annual leave?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>
<b>5.10m</b>	Would (you/NAME) get paid sick leave in case of illness or injury?	YES	01	<input type="checkbox"/>
		NO	02	<input type="checkbox"/>
		DON'T KNOW	97	<input type="checkbox"/>

<b>Note for adaptation: The following set of questions is for all respondents in employment</b>			
<b>5.11</b>	In what kind of place (do/does) (you/NAME) typically work?		
	AT (YOUR/NAME'S) OWN HOME	01 <input type="checkbox"/>	
	AT THE CLIENT'S OR EMPLOYER'S HOME	02 <input type="checkbox"/>	
	AT A FARM, AGRICULTURAL LAND OR FISHING SITE	03 <input type="checkbox"/>	
	AT A BUSINESS, OFFICE, FACTORY, FIXED PREMISE OR SITE	04 <input type="checkbox"/>	
	ON THE STREET OR ANOTHER PUBLIC SPACE	05 <input type="checkbox"/>	
	ON A VEHICLE (WITHOUT DAILY BASE)	06 <input type="checkbox"/>	
	DOOR-TO-DOOR	07 <input type="checkbox"/>	
	OTHER	08 <input type="checkbox"/>	
	CANNOT SAY	09 <input type="checkbox"/>	
<b>5.11a</b>	How many persons including (you/NAME) work at (your/NAME) place of work?	1 01 <input type="checkbox"/> 2-4 02 <input type="checkbox"/> 5-9 03 <input type="checkbox"/> 10-19 04 <input type="checkbox"/> 20-49 05 <input type="checkbox"/> 50+ 06 <input type="checkbox"/>	
<b>5.11b</b>	Is the business (you/NAME) work(s) for a [Limited Company, Trading Partnership, Limited Partnership]?	YES 01 <input type="checkbox"/> NO 02 <input type="checkbox"/> DON'T KNOW 97 <input type="checkbox"/>	→5.12
<b>5.11c</b>	Is the business where (you/NAME) work(s) registered in the [National Business Register]?	YES 01 <input type="checkbox"/> NO 02 <input type="checkbox"/> DON'T KNOW 97 <input type="checkbox"/>	→5.12
<b>5.11d</b>	Does the business (you/NAME) work(s) in keep a complete set of accounts including [assets, income and expenditures, (that is a complete balance sheet)]?	YES 01 <input type="checkbox"/> NO 02 <input type="checkbox"/> DON'T KNOW 97 <input type="checkbox"/>	
<b>5.12</b>	Which year did (you/NAME) begin working in this business or for this employer?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR ENTER 9997 FOR DON'T KNOW	→MODULE 6
<b>5.13</b>	And which month?	JANUARY 01 <input type="checkbox"/> FEBRUARY 02 <input type="checkbox"/> MARCH 03 <input type="checkbox"/> APRIL 04 <input type="checkbox"/> MAY 05 <input type="checkbox"/> JUNE 06 <input type="checkbox"/> JULY 07 <input type="checkbox"/> AUGUST 08 <input type="checkbox"/> SEPTEMBER 09 <input type="checkbox"/> OCTOBER 10 <input type="checkbox"/> NOVEMBER 11 <input type="checkbox"/> DECEMBER 12 <input type="checkbox"/> DONT'KNOW 97 <input type="checkbox"/>	

**Module 6: Characteristics of Second Job**

**INTERVIEWER ONLY ASK IF RESPONDENT HAD MORE THAN ONE JOB OR BUSINESS (Q5.1 = 02). OTHERWISE SKIP TO 7.1**

	READ: I am now going to ask you some questions about (your/NAME's) second job or business.		
<b>6.1</b>	In the second job or business that (your/NAME's) had last week, what kind of work (do/does) (you/NAME) do?	_____	
<b>6.1a</b>	([e.g. Cattle farmer –breed, raise and sell cattle; Policeman –patrol the streets; Cook –plan and prepare meals; Primary school teacher –teach children how to read and write])	_____	
<b>6.1b</b>		_____	
<b>6.2</b>	What is the main activity of the business or place where (you/NAME) work(s)?	_____	
<b>6.2a</b>	([e.g.: Police Department - public safety; Restaurant - preparing and serving meals; Transport Company - long distance transport of goods])	_____	
<b>6.2b</b>		_____	
<b>6.3</b>	In (your/NAME's) second job, (do/does) (you/NAME) work...?		
	<i>READ</i>		
	As an employee for someone else	01 <input type="checkbox"/>	→6.5
	In (your/NAME's) own business activity	02 <input type="checkbox"/>	
	Without pay in a household or family business	03 <input type="checkbox"/>	→6.5
	As an apprentice, intern	04 <input type="checkbox"/>	→6.5
	Helping a family member who works for someone else	05 <input type="checkbox"/>	→6.5
<b>6.4</b>	Did (you/NAME) have any paid employees last week?	YES 01 <input type="checkbox"/>	→7.1
		NO 02 <input type="checkbox"/>	
<b>6.4a</b>	Can (you/NAME) set the price of the products or services that (you/NAME) offer(s), (yourself/himself/herself)?	YES 01 <input type="checkbox"/>	→7.1
		NO 02 <input type="checkbox"/>	
<b>6.4b</b>	Why can (you/NAME) not set the price? Is it because ....		
	<i>READ</i>		
	Another enterprise or agent sets the price	01 <input type="checkbox"/>	→7.1
	Prices are set by the customer(s)	02 <input type="checkbox"/>	→7.1
	Government defines the price by law/regulation	03 <input type="checkbox"/>	→7.1
	Prices are negotiated with the customer	04 <input type="checkbox"/>	→7.1
	It's the going rate on the market	05 <input type="checkbox"/>	→7.1
	OTHER(specify): _____	06 <input type="checkbox"/>	→7.1
<b>6.5</b>	Which of the following types of pay (do/does) (you/NAME) receive for this work?		
	<i>READ AND MARK ALL THAT APPLY</i>		
	a. A wage or salary	<input type="checkbox"/>	
	b. Payment by piece of work completed	<input type="checkbox"/>	
	c. Commissions	<input type="checkbox"/>	

	d. Tips	<input type="checkbox"/>	
	e. Fees for services provided	<input type="checkbox"/>	
	f. Payment with meals or accommodation	<input type="checkbox"/>	
	g. Payment in products	<input type="checkbox"/>	
	h. OTHER CASH PAYMENT (Specify): _____	<input type="checkbox"/>	
	i. I AM NOT PAID	<input type="checkbox"/>	→7.1
<b>6.5a</b>	Is (your/NAME's) employer responsible for deducting any taxes on (your/NAME's) income or is that (your/NAME's) responsibility?	EMPLOYER IS RESPONSIBLE	01 <input type="checkbox"/> →7.1
		(NAME IS RESPONSIBLE)	02 <input type="checkbox"/> →7.1

Module 7: Working time in Employment			
<b>7.1</b>	How many hours (do/does) (you/NAME) usually work per week in (your/his/her) main job?	_____	
		HOURS PER WEEK	
		ENTER 997 FOR DON'T KNOW	
<b>7.2</b>	How many days per week (do/does)(you/NAME) usually work in (your/NAME's) main job?	_____	
		NUMBER OF DAYS	
<b>7.3</b>	And how many hours per day (do/does) (you/NAME) usually work in (your/NAME's) main job?	_____	
		HOURS PER DAY	
		ENTER 97 FOR DON'T KNOW	
<b>7.4</b>	Last week, that is from [DAY] to [last DAY/yesterday], did (you/NAME) have any absences or take time off from (your/NAME's) main job for any reason, for example, holidays, illness, family reasons?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
<b>7.5</b>	Last week, were there any days when (you/NAME) worked extra hours in (your/NAME's) main job, paid or unpaid?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
<b>7.6</b>	For the entire week, how many extra hours was this?	_____	
		NUMBER OF HOURS	
		ENTER 997 FOR DON'T KNOW	
<b>7.7</b>	How many hours did (you/NAME) work in total in (your/his/her) main job last week?	_____	
		NUMBER OF HOURS	
		ENTER 997 FOR DON'T KNOW	
<b>IF MORE THAN ONE JOB (Q5.1=02) →7.8, ELSE →7.14</b>			
<b>7.8</b>	How many hours (do/does) (you/NAME) usually work per week in (your/his/her) second job?	_____	
		NUMBER OF HOURS	
		ENTER 997 FOR DON'T KNOW	
<b>7.9</b>	Last week, is that the number of hours (you/NAME) worked in (your/his/her) second job?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
<b>7.10</b>	How many hours did (you/NAME) work last week in (your/his/her) second job?	_____	
		NUMBER OF HOURS	
		ENTER 997 FOR DON'T KNOW	
<b>7.11</b>	How many hours (do/does) (you/NAME) usually work per week in (your/his/her) other job(s)?	_____	
		NUMBER OF HOURS	
		ENTER 997 FOR DON'T KNOW	
		ENTER 0 FOR NO OTHER JOBS	
<b>7.12</b>	Last week, is that the number of hours (you/NAME) worked in (your/his/her) other job(s)?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/>
<b>7.13</b>	How many hours did (you/NAME) work last week in (your/his/her) other job(s)?	_____	
		NUMBER OF HOURS	
		ENTER 997 FOR DON'T KNOW	



<b>INTERVIEWER:</b>			
FOR RESPONDENTS WITH MORE THAN ONE JOB NOW CALCULATE TWO TOTALS:			
1. TOTAL HOURS USUALLY WORKED IN ALL JOBS			
2. TOTAL HOURS ACTUALLY WORKED IN ALL JOBS			
CONFIRM THESE TOTALS WITH THE RESPONDENT. IF THE RESPONDENT CONFIRMS THE TOTALS ENTER THEM BELOW. IF THE RESPONDENT DOES NOT AGREE WITH THE TOTALS, ASK THEM FOR THE CORRECT TOTALS AND ENTER THEM BELOW. THEN CONTINUE WITH QUESTION 7.14.			
<b>7.13a.</b> _____		<b>7.13b.</b> _____	
TOTAL HOURS USUALLY WORKED IN ALL JOBS		TOTAL HOURS ACTUALLY WORKED IN ALL JOBS	
<b>7.14</b>	During the last four weeks, that is from [DATE] up to [last DAY/yesterday] did (you/NAME) look for additional or other paid work?	YES 01 <input type="checkbox"/>	
		NO 02 <input type="checkbox"/>	
<b>7.15</b>	Would (you/NAME) want to work more hours per week than usually worked, provided the extra hours are paid?	YES 01 <input type="checkbox"/>	
		NO 02 <input type="checkbox"/>	→7.18
<b>7.16</b>	Could (you/NAME) start working more hours within the next two weeks?	YES 01 <input type="checkbox"/>	
		NO 02 <input type="checkbox"/>	→7.18
<b>7.17</b>	How many additional hours per week could (you/NAME) work?	_____ NUMBER OF HOURS ENTER 997 FOR DON'T KNOW	
<b>7.18</b>	(Do/Does) (you/NAME) want to change (your/his/her) current employment situation?	YES 01 <input type="checkbox"/>	
		NO 02 <input type="checkbox"/>	→8.1
<b>7.19</b>	What is the main reason why (you/NAME) want(s) to change (your/his/her) employment situation?		
	PRESENT JOB(S) IS/ARE TEMPORARY	01 <input type="checkbox"/>	
	TO HAVE A BETTER PAID JOB	02 <input type="checkbox"/>	
	TO HAVE MORE CLIENTS/BUSINESS	03 <input type="checkbox"/>	
	TO WORK MORE HOURS	04 <input type="checkbox"/>	
	TO WORK FEWER HOURS	05 <input type="checkbox"/>	
	TO BETTER MATCH SKILLS	06 <input type="checkbox"/>	
	TO WORK CLOSER TO HOME	07 <input type="checkbox"/>	
	TO IMPROVE OTHER WORKING CONDITIONS	08 <input type="checkbox"/>	
	OTHER (SPECIFY: _____)	09 <input type="checkbox"/>	
<b>ALL → 8.1</b>			

Module 8: Own use production of foodstuff among Employed persons		
<b>8.1</b>	In addition to what you've already told me, last week, did (you/NAME), do (you/NAME) do any of the following activities to produce food mainly for consumption by your household or family...?	
	<i>READ AND MARK ALL THAT APPLY</i>	
	a. Plant, maintain or harvest any crops, vegetables or fruits	<input type="checkbox"/>
	b. Raise or tend farm animals such as [sheep, goats, chicken...]	<input type="checkbox"/>
	c. Go fishing or collecting shellfish	<input type="checkbox"/>
	<i>IF YES TO ANY ITEM (a) TO (c) CONTINUE WITH 8.2 OTHERWISE →10.1</i>	
<b>8.2</b>	What are the main food products that (you/NAME) (were/was) working on mainly for consumption by your household or family? <i>([for example: chicken, cassava, rice, wild mushrooms...])</i>	_____ <i>MAIN GOODS</i>
<b>8.2a</b>		<i>ISIC CODE:</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>8.3</b>	Last week, on how many days did (you/NAME) do this work?	_____ <i>NUMBER OF DAYS</i>
<b>8.4</b>	How many hours per day did (you/NAME) spend doing this last week?	_____ <i>HOURS PER DAY</i> <i>ENTER 97 FOR DON'T KNOW</i>
<b>ALL → 10.1</b>		

Module 9: Job search and availability			
<b>9.1</b>	During the last four weeks, that is from [DATE] up to [last DAY/yesterday] did (you/NAME) do anything to find a paid job?	YES	01 <input type="checkbox"/> →9.3
		NO	02 <input type="checkbox"/>
<b>9.2</b>	Or did (you/NAME) try to start a business?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/> →9.7
<b>9.3</b>	What did (you/NAME) mainly do in the last four weeks to (find a paid job/start a business)?		
	APPLY TO PROSPECTIVE EMPLOYERS		01 <input type="checkbox"/> →9.6
	PLACE OR ANSWER JOB ADVERTISEMENTS		02 <input type="checkbox"/> →9.6
	STUDY OR READ JOB ADVERTISEMENTS		03 <input type="checkbox"/>
	POST/UPDATE RESUME ON PROFESSIONAL/SOCIAL NETWORKING SITES		04 <input type="checkbox"/> →9.6
	REGISTER WITH (PUBLIC EMPLOYMENT SERVICE)		05 <input type="checkbox"/> →9.6
	REGISTER WITH A PRIVATE EMPLOYMENT CENTRE/AGENCY		06 <input type="checkbox"/> →9.6
	TAKE A TEST OR INTERVIEW		07 <input type="checkbox"/> →9.6
	SEEK HELP FROM RELATIVES, FRIENDS, OTHERS		08 <input type="checkbox"/> →9.6
	CHECK AT FACTORIES, WORK SITES		09 <input type="checkbox"/> →9.6
	WAIT ON THE STREET TO BE RECRUITED		10 <input type="checkbox"/> →9.6
	SEEK FINANCIAL HELP TO START A BUSINESS		11 <input type="checkbox"/> →9.6
	LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS		12 <input type="checkbox"/> →9.6
	APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS		13 <input type="checkbox"/> →9.6
	OTHER (SPECIFY: _____)		14 <input type="checkbox"/> →9.6
<b>9.4</b>	In addition to reading job advertisements, did (you/NAME) do anything else in the last four weeks to (find a paid job/start a business)?	YES	01 <input type="checkbox"/>
		NO	02 <input type="checkbox"/> →9.6
<b>9.5</b>	What else did (you/NAME) do?		
	APPLY TO PROSPECTIVE EMPLOYERS		01 <input type="checkbox"/>
	PLACE OR ANSWER JOB ADVERTISEMENTS		02 <input type="checkbox"/>
	POST/UPDATE RESUME ON PROFESSIONAL/SOCIAL NETWORKING SITES		04 <input type="checkbox"/>
	REGISTER WITH (PUBLIC EMPLOYMENT SERVICE)		05 <input type="checkbox"/>
	REGISTER WITH A PRIVATE EMPLOYMENT CENTRE/AGENCY		06 <input type="checkbox"/>
	TAKE A TEST OR INTERVIEW		07 <input type="checkbox"/>
	SEEK HELP FROM RELATIVES, FRIENDS, OTHERS		08 <input type="checkbox"/>
	CHECK AT FACTORIES, WORK SITES		09 <input type="checkbox"/>
	WAIT ON THE STREET TO BE RECRUITED		10 <input type="checkbox"/>
	SEEK FINANCIAL HELP TO START A BUSINESS		11 <input type="checkbox"/>
	LOOK FOR LAND, BUILDING, EQUIPMENT, MATERIALS TO START A BUSINESS		12 <input type="checkbox"/>
	APPLY FOR A PERMIT OR LICENSE TO START A BUSINESS		13 <input type="checkbox"/>
	OTHER (SPECIFY: _____)		14 <input type="checkbox"/>

<b>9.6</b>	For how long (has/have) (you/NAME) been without work and trying to find a paid job or start a business?			
		LESS THAN 1 MONTH	01 <input type="checkbox"/>	→9.11
		ONE MONTH TO < 3 MONTHS	02 <input type="checkbox"/>	→9.11
		THREE MONTHS TO < 6 MONTHS	03 <input type="checkbox"/>	→9.11
		SIX MONTHS TO < 12 MONTHS	04 <input type="checkbox"/>	→9.11
		ONE YEAR TO < 2 YEARS	05 <input type="checkbox"/>	→9.11
		TWO YEARS OR MORE	06 <input type="checkbox"/>	→9.11
<b>9.7</b>	At any time in the last 12 months, that is since [DATE] up to last month, did (you/NAME) look for a paid job or try to start a business?	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	
<b>9.8</b>	At present (do/does) (you/NAME) want to work?	YES	01 <input type="checkbox"/>	
		NO	02 <input type="checkbox"/>	→9.14
<b>9.9</b>	What is the main reason why (you/NAME) did not try to find a paid job or start a business in the last four weeks?			
		WAITING FOR RESULTS OF A PREVIOUS SEARCH	01 <input type="checkbox"/>	→9.11
		AWAITING RECALL FROM A PREVIOUS JOB	02 <input type="checkbox"/>	→9.11
		WAITING FOR THE SEASON TO START	03 <input type="checkbox"/>	→9.11
		WAITING TO START NEW JOB OR BUSINESS	04 <input type="checkbox"/>	
		TIRED OF LOOKING FOR JOBS, NO JOBS IN AREA	05 <input type="checkbox"/>	→9.11
		NO JOBS MATCHING SKILLS, LACKS EXPERIENCE	06 <input type="checkbox"/>	→9.11
		CONSIDERED TOO YOUNG/OLD BY EMPLOYERS	07 <input type="checkbox"/>	→9.11
		IN STUDIES, TRAINING	08 <input type="checkbox"/>	→9.11
		FAMILY / HOUSEHOLD RESPONSIBILITIES	09 <input type="checkbox"/>	→9.11
		IN AGRICULTURE / FISHING FOR FAMILY USE	10 <input type="checkbox"/>	→9.11
		OWN DISABILITY, INJURY, ILLNESS	11 <input type="checkbox"/>	→9.11
		RETIRED, PENSIONER, OTHER SOURCES OF INCOME	12 <input type="checkbox"/>	→9.11
	OTHER (SPECIFY: _____)	13 <input type="checkbox"/>	→9.11	
<b>9.10</b>	How soon (do/does) (you/NAME) expect to start working in this new job or business?	ONE MONTH OR LESS	01 <input type="checkbox"/>	
		MORE THAN ONE MONTH AND UP TO THREE MONTHS	02 <input type="checkbox"/>	
		MORE THAN THREE MONTHS	03 <input type="checkbox"/>	
<b>9.11</b>	If it depended on you, could (you/NAME) have started working last week?	YES	01 <input type="checkbox"/>	→10.1
		NO	02 <input type="checkbox"/>	
<b>9.12</b>	Or, could (you/NAME) start working within the next two weeks?	YES	01 <input type="checkbox"/>	→10.1
		NO	02 <input type="checkbox"/>	
<b>9.13</b>	Why is that?			
		AWAITING RECALL FROM A PREVIOUS JOB	01 <input type="checkbox"/>	→10.1
		WAITING FOR THE SEASON TO START	02 <input type="checkbox"/>	→10.1
		IN STUDIES, TRAINING	03 <input type="checkbox"/>	→10.1
		FAMILY / HOUSEHOLD RESPONSIBILITIES	04 <input type="checkbox"/>	→10.1
		IN AGRICULTURE / FISHING FOR FAMILY USE	05 <input type="checkbox"/>	→10.1
		RETIRED, PENSIONER	06 <input type="checkbox"/>	→10.1
	OWN DISABILITY, INJURY, ILLNESS	07 <input type="checkbox"/>	→10.1	

<b>9.14</b>	Which of the following best describes what (you/NAME) (are/is) mainly doing at present?		
	<i>READ</i>		
	Studying or training	01	<input type="checkbox"/>
	Engaged in household or family responsibilities	02	<input type="checkbox"/>
	Farming or fishing to produce food for the family	03	<input type="checkbox"/>
	Retired or pensioner	04	<input type="checkbox"/>
	With a long term illness, injury or disability	05	<input type="checkbox"/>
	Doing volunteering, community or charity work	06	<input type="checkbox"/>
	Engaged in cultural or leisure activities	07	<input type="checkbox"/>
	OTHER (SPECIFY): _____)	08	<input type="checkbox"/>
<b>ALL → 10.1</b>			

Module 10: Own use production of other goods			
	<i>READ:</i> I am now going to ask you some questions about other unpaid activities you may have done to produce food or other goods for consumption by your household or family.		
<b>10.1</b>	Last week, did (you/NAME) you gather wild food such as [mushrooms, berries, herbs...]?	YES 01 <input type="checkbox"/>	→10.3
		NO 02 <input type="checkbox"/>	
<b>10.2</b>	How many hours did (you/NAME) spend doing this last week?	<hr/> HOURS LAST WEEK ENTER 997 FOR DON'T KNOW	
<b>10.3</b>	Last week, did (you/NAME) go hunting for [bush meat...]?	YES 01 <input type="checkbox"/>	→10.5
		NO 02 <input type="checkbox"/>	
<b>10.4</b>	How many hours did (you/NAME) spend doing this last week?	<hr/> HOURS LAST WEEK ENTER 997 FOR DON'T KNOW	
<b>10.5</b>	Last week, did (you/NAME) prepare preserved food or drinks for storage such as [flour, dried fish, butter, cheese...]?	YES 01 <input type="checkbox"/>	→10.7
		NO 02 <input type="checkbox"/>	
<b>10.6</b>	How many hours did (you/NAME) spend doing this last week?	<hr/> HOURS LAST WEEK ENTER 997 FOR DON'T KNOW	
<b>10.7</b>	Last week, did (you/NAME) do any construction work to build, renovate or extend your family home or help without pay a family member with similar work?	YES 01 <input type="checkbox"/>	→10.9
		NO 02 <input type="checkbox"/>	
<b>10.8</b>	How many hours did (you/NAME) spend doing this last week?	<hr/> HOURS LAST WEEK ENTER 997 FOR DON'T KNOW	
<b>10.9</b>	Last week, did (you/NAME) spend any time making goods for use by your household or family such as [mats, baskets, furniture, clothing,..]?	YES 01 <input type="checkbox"/>	→10.11
		NO 02 <input type="checkbox"/>	
<b>10.10</b>	How many hours did (you/NAME) spend doing this last week?	<hr/> HOURS LAST WEEK ENTER 997 FOR DON'T KNOW	
<b>10.11</b>	Last week, did (you/NAME) fetch water from natural or public sources for use by your household or family?	YES 01 <input type="checkbox"/>	→10.13
		NO 02 <input type="checkbox"/>	
<b>10.12</b>	How many hours did (you/NAME) spend doing this last week?	<hr/> HOURS LAST WEEK ENTER 997 FOR DON'T KNOW	
<b>10.13</b>	Last week, did (you/NAME) collect firewood or other natural products for use as fuel by your household or family?	YES 01 <input type="checkbox"/>	→11.1
		NO 02 <input type="checkbox"/>	
<b>10.14</b>	How many hours did (you/NAME) spend doing this last week?	<hr/> HOURS LAST WEEK ENTER 997 FOR DON'T KNOW	

Module 11: End of Personal Interview			
<b>11.1</b>	<i>INTERVIEWER RECORD THE END TIME OF THE PERSONAL INTERVIEW</i>		
		_____	
			HH:MM