

## MONTHLY POPULATION SURVEY MAY 2004

PSU	BLOCK	DWELLING	HH	PERSON	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><b>1A.</b></p> <p>Schedule obtained from person him/herself... .. <input type="checkbox"/> 1</p> <p>Other Responsible Adult... .. <input type="checkbox"/> 2</p> <p><b>1B.</b></p> <p>Schedule obtained by phone ... .. <input type="checkbox"/> 1</p> <p>Schedule obtained face to face... .. <input type="checkbox"/> 2</p>
<p><b>1C. OFFICE USE ONLY</b></p> <p style="text-align:center;"> <input type="checkbox"/>2 <input type="checkbox"/>4 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8  <input type="checkbox"/>9 <input type="checkbox"/>10 <input type="checkbox"/>11 <input type="checkbox"/>12 <input type="checkbox"/>13  <input type="checkbox"/>14 <input type="checkbox"/>15 <input type="checkbox"/>16 <input type="checkbox"/>17 <input type="checkbox"/>18                 </p>	<p><b>2. SEX</b></p> <p>Male ... .. <input type="checkbox"/> 1</p> <p>Female ... .. <input type="checkbox"/> 2</p>	<p><b>3. AGE</b></p> <div style="display: flex; align-items: center;"> <input style="width: 40px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 40px; height: 20px; margin-right: 5px;" type="text"/> </div> <p style="text-align: right;"> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> </p>	<p><b>7. WHAT IS THE POSTCODE OF THE SUBURB OR TOWN WHERE ..... USUALLY LIVES?</b></p> <p><b>A.</b> If respondent knows postcode, enter below ... .. <input type="checkbox"/> 1</p> <p>If respondent does not know postcode ask for:- ... .. <input type="checkbox"/> 2</p> <p>Suburb .....</p> <p>City/Town .....</p> <p>State .....</p> <p>When editing, enter postcode below</p> <p>Not known ... .. <input type="checkbox"/> 3</p> <p><b>B. Postcode</b></p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p><b>8B. YEAR OF ARRIVAL</b></p> <p style="text-align: right;"> <input type="checkbox"/> 19  <input type="checkbox"/> 20                 </p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> </p>	
<p><b>4. PERSON TYPE</b></p> <p>Usual resident of P.D. (Complete Q.12 to Q.15 when editing) → <b>Q.8A</b> <input type="checkbox"/> 1</p> <p>Visitor to P.D. ... .. <input type="checkbox"/> 2</p> <p>S.D. ... .. <input type="checkbox"/> 3</p>	<p><b>5. MARITAL STATUS</b></p> <p>Usually lives with a spouse/partner ... .. <input type="checkbox"/> 1</p> <p>Does not usually live with a spouse/partner ... .. <input type="checkbox"/> 2</p>	<p><b>8A. COUNTRY OF BIRTH</b></p> <p>Australia → <b>Q.9</b> <input type="checkbox"/> 1101</p> <p>England <input type="checkbox"/> 2102</p> <p>New Zealand <input type="checkbox"/> 1201</p> <p>Italy <input type="checkbox"/> 3104</p> <p>Viet Nam <input type="checkbox"/> 5105 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Scotland <input type="checkbox"/> 2105 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Greece <input type="checkbox"/> 3207 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Germany <input type="checkbox"/> 2304 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Philippines <input type="checkbox"/> 5204 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><b>9. INDIGENOUS STATUS</b></p> <p>No ... .. <input type="checkbox"/> 1</p> <p>Aboriginal ... .. <input type="checkbox"/> 2</p> <p>Torres Strait Islander ... .. <input type="checkbox"/> 3</p> <p>Both ... .. <input type="checkbox"/> 4</p>	<p><b>10. Sequence Guide</b></p> <p>. If aged 25 years or more ... .. → <b>Q.18</b> <input type="checkbox"/> 1</p> <p>. If aged 20-24 years ... .. → <b>Q.17</b> <input type="checkbox"/> 2</p> <p>. If still at school → <b>Q.18</b> <input type="checkbox"/> 3</p> <p>. Otherwise ... .. → <b>Q.11</b> <input type="checkbox"/> 4</p>	
<p><b>6. S.D. ONLY</b></p> <p>S.D. Institutionalised person (No more questions) ◀ <input type="checkbox"/> 1</p> <p>S.D. Boarding school pupil (No more questions) ◀ <input type="checkbox"/> 2</p> <p>S.D. Other ... .. <input type="checkbox"/> 3</p>	<p><b>11. DATE LEFT SCHOOL</b></p> <p>Enter month and year → <b>Q.17</b></p> <p style="text-align: right;"> <input type="checkbox"/> 01 <input type="checkbox"/> 1993  <input type="checkbox"/> 02 <input type="checkbox"/> 1994  <input type="checkbox"/> 03 <input type="checkbox"/> 1995  <input type="checkbox"/> 04 <input type="checkbox"/> 1996  <input type="checkbox"/> 05 <input type="checkbox"/> 1997  <input type="checkbox"/> 06 <input type="checkbox"/> 1998  <input type="checkbox"/> 07 <input type="checkbox"/> 1999  <input type="checkbox"/> 08 <input type="checkbox"/> 2000  <input type="checkbox"/> 09 <input type="checkbox"/> 2001  <input type="checkbox"/> 10 <input type="checkbox"/> 2002  <input type="checkbox"/> 11 <input type="checkbox"/> 2003  <input type="checkbox"/> 12 <input type="checkbox"/> 2004                 </p>				



<p><b>17.</b> IS ..... CURRENTLY A <u>FULL-TIME</u> STUDENT AT A TAFE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Dec, Jan, Feb <u>only</u> - Not known, unclear ..... <input type="checkbox"/> 3</p>	<p><b>24.</b> (YOU TOLD ME THAT ..... DIDN'T LOOK FOR WORK DURING THE LAST 4 WEEKS.)</p> <p>WAS THAT BECAUSE ..... WAS WAITING TO START WORK ..... HAD ALREADY OBTAINED?</p> <p>Yes ..... <input type="checkbox"/> → <b>Q.82</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> → <b>Q.94</b> <input type="checkbox"/> 2</p>
<p><b>18.</b> <i>Interviewer: Read statement for the first person to be interviewed in the household, or if the respondent changes.</i></p> <p>I WOULD LIKE TO ASK ABOUT LAST WEEK, THAT IS, THE WEEK STARTING MONDAY THE ..... AND ENDING (LAST SUNDAY THE ...../YESTERDAY).</p>	<p><b>25.</b> DID ..... HAVE MORE THAN 1 JOB OR BUSINESS LAST WEEK?</p> <p>Yes ..... <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> → <b>Q.28</b> <input type="checkbox"/> 2</p>
<p><b>19.</b> LAST WEEK, DID ..... DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?</p> <p>Yes ..... <input type="checkbox"/> → <b>Q.25</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently unable to work ..... → <b>Q.94</b> <input type="checkbox"/> 3</p> <p>Permanently not intending to work (if aged 65+ only) → <b>Q.94</b> <input type="checkbox"/> 4</p>	<p><b>26.</b> WAS THAT BECAUSE ..... CHANGED JOBS DURING THE WEEK?</p> <p>Yes ..... <input type="checkbox"/> → <b>Q.27A</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> → <b>Q.27B</b> <input type="checkbox"/> 2</p>
<p><b>20.</b> LAST WEEK, DID ..... DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?</p> <p>Yes ..... <input type="checkbox"/> → <b>Q.25</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) ... → <b>Q.94</b> <input type="checkbox"/> 3</p>	<p><b>27A.</b> THE NEXT FEW QUESTIONS ARE ABOUT THE WORK ..... DOES NOW.</p> <p><b>27B.</b> THE NEXT FEW QUESTIONS ARE ABOUT THE JOB OR BUSINESS IN WHICH ..... USUALLY WORKS THE MOST HOURS, THAT IS, ..... <u>MAIN JOB</u>.</p> <p><b>28.</b> DID ..... WORK FOR AN EMPLOYER, OR IN ..... OWN BUSINESS?</p> <p>Employer ..... <input type="checkbox"/> 1</p> <p>Own business ..... <input type="checkbox"/> → <b>Q.31</b> <input type="checkbox"/> 2</p> <p>Other/Uncertain ..... <input type="checkbox"/> → <b>Q.30</b> <input type="checkbox"/> 3</p>
<p><b>21.</b> DID ..... HAVE A JOB, BUSINESS OR FARM THAT ..... WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?</p> <p>Yes ..... <input type="checkbox"/> → <b>Q.45</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) ... → <b>Q.94</b> <input type="checkbox"/> 3</p>	<p><b>29.</b> IS ..... PAID A WAGE OR SALARY, <u>OR</u> SOME OTHER FORM OF PAYMENT?</p> <p>Wage/Salary ..... <input type="checkbox"/> → <b>Q.33</b> <input type="checkbox"/> 1</p> <p>Other/Uncertain ..... <input type="checkbox"/> 2</p>
<p><b>22.</b> AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?</p> <p>Yes ..... <input type="checkbox"/> → <b>Q.75</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) ... → <b>Q.94</b> <input type="checkbox"/> 3</p>	<p><b>30.</b> WHAT ARE ..... (WORKING/PAYMENT) ARRANGEMENTS?</p> <p>Unpaid voluntary work → <b>Q.73</b> <input type="checkbox"/> 01</p> <p>Contractor/Subcontractor ..... <input type="checkbox"/> 02</p> <p>Own business/Partnership ..... <input type="checkbox"/> 03</p> <p>Commission only ..... <input type="checkbox"/> 04</p> <p>Commission with retainer → <b>Q.33</b> <input type="checkbox"/> 05</p> <p>In a family business without pay ..... <input type="checkbox"/> → <b>Q.33</b> <input type="checkbox"/> 06</p> <p>Payment in kind ..... <input type="checkbox"/> → <b>Q.33</b> <input type="checkbox"/> 07</p> <p>Paid by the piece/item produced ..... <input type="checkbox"/> → <b>Q.33</b> <input type="checkbox"/> 08</p> <p>Wage/salary earner ... <input type="checkbox"/> → <b>Q.33</b> <input type="checkbox"/> 09</p> <p>Other ..... <input type="checkbox"/> → <b>Q.33</b> <input type="checkbox"/> 10</p>
<p><b>23.</b> HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?</p> <p>Yes ..... <input type="checkbox"/> → <b>Q.75</b> <input type="checkbox"/> 1</p> <p>No ..... <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) ... → <b>Q.94</b> <input type="checkbox"/> 3</p>	







**73. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?**

Yes ..... → **Q.75**  1

No .....  2

**74. HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?**

Yes .....  1

No ..... → **Q.81A**  2

**75. AT ANY TIME IN THE LAST 4 WEEKS HAS ..... WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK?** .....  01

**ANSWERED AN ADVERTISEMENT FOR A JOB?** .....  02

**LOOKED IN NEWSPAPERS?**

Yes

No

**CHECKED FACTORY NOTICE BOARDS, OR USED THE TOUCHSCREENS AT CENTRELINK OFFICES?** .....  03

**AT ANY TIME IN THE LAST 4 WEEKS HAS ..... BEEN REGISTERED WITH CENTRELINK AS A JOBSEEKER?** .....  04

**CHECKED OR REGISTERED WITH AN EMPLOYMENT AGENCY?** .....  05

**DONE ANYTHING ELSE TO FIND A JOB?**

Advertised or tendered for work .....  06

Contacted friends/relatives .....  07

Other ..... → **Q.81B**  08

Only looked in newspapers ..... → **Q.81B**  09

None of these ..... → **Q.81B**  10

**76. IF ..... HAD FOUND A (PART-TIME) JOB COULD ..... HAVE STARTED WORK LAST WEEK?**

Yes ..... → **Q.85**  1

No .....  2

Don't know ..... → **Q.85**  3

**77. WHAT WERE THE REASONS ..... COULD NOT HAVE STARTED WORK LAST WEEK?**

Waiting to start a job .....  1

Other ..... → **Q.79**  2

**78. WILL ..... BE STARTING THAT WORK IN THE NEXT 4 WEEKS?**

Yes ..... → **Q.83**  1

No .....  2

**79. COULD ..... START IN THE NEXT 4 WEEKS IF WORK WAS AVAILABLE?**

Yes .....  1

No .....  2

**80. → Q.94**

**81A. (YOU TOLD ME THAT ..... DIDN'T LOOK FOR WORK DURING THE LAST 4 WEEKS.)**

**WAS THAT BECAUSE ..... WAS WAITING TO START (PAID) WORK ..... HAD ALREADY OBTAINED?**

**81B. LAST WEEK, WAS ..... WAITING TO START (PAID) WORK ..... HAD ALREADY OBTAINED?**

Yes .....  1

No ..... → **Q.94**  2

**82. WILL ..... BE STARTING THAT WORK IN THE NEXT 4 WEEKS?**

Yes .....  1

No ..... → **Q.94**  2

**83. COULD ..... HAVE STARTED LAST WEEK IF THAT WORK HAD BEEN AVAILABLE?**

Yes .....  1

No ..... → **Q.94**  2

**84. WILL THAT WORK BE FULL-TIME?**

Yes/Full-time .....  1

No/Part-time .....  2

**85. WHEN DID ..... BEGIN LOOKING FOR WORK?**

**a Enter date**

Less than 2 years ago ...../...../.....

2 years to less than 5 years ago ...../.....

5 years or more ago ..... YY

Day	Month	Year
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**b Did not look for work** .....

**86. WHEN DID ..... LAST WORK FOR 2 WEEKS OR MORE?**

**a Enter date**

Less than 2 years ago ...../...../.....  
 DD MM YY

2 years to less than 5 years ago ...../.....  
 MM YY

5 years or more ago .....  
 YY

Day	Month	Year
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

**b** Has never worked (for 2 weeks or more) ..... → **Q.94**

**87. Sequence Guide**

. If less than 2 years ago in Q.86 → **Q.88**  1  
 . Otherwise ..... → **Q.92**  2

**88. WHAT WAS ..... OCCUPATION IN THAT JOB OR BUSINESS?**

(Title) .....

**WHAT WERE ..... MAIN TASKS AND DUTIES?**

(Main tasks/duties) .....

<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

**89. WHAT KIND OF BUSINESS OR SERVICE WAS CARRIED OUT BY ..... EMPLOYER OR BUSINESS AT THE PLACE WHERE ..... WORKED?**

.....  
 .....  
 .....

<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

**91. WHAT WAS THE MAIN REASON ..... STOPPED WORKING IN ..... JOB OR BUSINESS?**

- Lost job - (Retrenched/Made redundant/Employer went out of business/Dismissed/No work available etc.) .....  1
- Job ended/Temporary/seasonal job .....  2
- Unsatisfactory work arrangements/ pay/hours .....  3
- Own ill health or injury .....  4
- Holiday job/Returned to studies ...  5
- Self-employed: Business closed down for economic reasons (Went broke/Liquidated/No work/ No supply or demand etc.) .....  6
- Other .....  7

**92. DID ..... USUALLY WORK 35 HOURS OR MORE A WEEK IN ..... JOB OR BUSINESS?**

- Yes ..... → **Q.94**  1
- No .....  2

**93. WHEN DID ..... LAST WORK FOR AT LEAST 2 WEEKS IN A JOB OF 35 HOURS OR MORE A WEEK?**

**a Enter date**

Less than 2 years ago ...../...../.....  
 DD MM YY

2 years to less than 5 years ago ...../.....  
 MM YY

5 years or more ago .....  
 YY

Day	Month	Year
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

**b** Has never worked in a job of 35+ hrs/week (for 2 weeks or more) .....

→ **Q.94**

**90. WHAT WAS THE NAME OF ..... EMPLOYER OR BUSINESS?**

.....  
 .....  
 .....

<input type="checkbox"/> 1
<input type="checkbox"/> 2

