

MONTHLY POPULATION SURVEY
MAY 2004

[illegible]

12. HOUSEHOLD TYPE (PSO) 1 (Nothing further) ... <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 5 <input type="checkbox"/> 5 6 (Complete Q.14) ... <input type="checkbox"/> 6 7 (Complete Q.15) ... <input type="checkbox"/> 7 8 (Complete Q.14) ... <input type="checkbox"/> 8 9 (Nothing further) ... <input type="checkbox"/> 9	16. OFFICE USE ONLY								
13. Husband (Complete Q.15) ... <input type="checkbox"/> 1 Wife (Nothing further) ... <input type="checkbox"/> 2 Son/daughter (Nothing further) ... <input type="checkbox"/> 3	A Relationship <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	B Family number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	C Children 0-14 years <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	D UR scope/coverage exclusion <input type="checkbox"/> 1 <input type="checkbox"/> 2	E Incomplete H/H, L/U <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	F Schedule, initial response <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	G Schedule, final response <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
14. Father/mother ... <input type="checkbox"/> 1 Son/daughter (Nothing further) ... <input type="checkbox"/> 2	H <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	J <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	L <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	M <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	N <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9			
15. If Household Type 2, 3 or 6 in Q.12, nothing further. If Household Type 4, 5, 7 or 8 in Q.12, enter number of children aged 0 to 14 years.	<table border="1"> <tr> <td data-bbox="591 1415 875 2003"> Interviewer number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 </td> <td data-bbox="875 1415 1159 2003"> Week <div style="border: 1px solid black; width: 30px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 </td> <td data-bbox="1159 1415 1446 2003"> Workload number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 </td> </tr> </table>						Interviewer number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	Week <div style="border: 1px solid black; width: 30px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2	Workload number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0
Interviewer number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	Week <div style="border: 1px solid black; width: 30px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2	Workload number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0							

<p>17. 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>24. (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"/> → Q.82 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> → Q.94 <input type="checkbox"/> 2</p>
<p>18. <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>25. DID HAVE MORE THAN 1 JOB OR BUSINESS LAST WEEK?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> → Q.28 <input type="checkbox"/> 2</p>
<p>19. LAST WEEK, DID DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?</p> <p>Yes <input type="checkbox"/> → Q.25 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently unable to work <input type="checkbox"/> → Q.94 <input type="checkbox"/> 3</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 4</p>	<p>26. WAS THAT BECAUSE CHANGED JOBS DURING THE WEEK?</p> <p>Yes <input type="checkbox"/> → Q.27A <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> → Q.27B <input type="checkbox"/> 2</p> <p>27A. THE NEXT FEW QUESTIONS ARE ABOUT THE WORK DOES NOW.</p> <p>27B. 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>20. LAST WEEK, DID DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?</p> <p>Yes <input type="checkbox"/> → Q.25 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 3</p>	<p>28. DID WORK FOR AN EMPLOYER, OR IN OWN BUSINESS?</p> <p>Employer <input type="checkbox"/> 1</p> <p>Own business <input type="checkbox"/> → Q.31 <input type="checkbox"/> 2</p> <p>Other/Uncertain <input type="checkbox"/> → Q.30 <input type="checkbox"/> 3</p>
<p>21. 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"/> → Q.45 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 3</p>	<p>29. IS PAID A WAGE OR SALARY, <u>OR</u> SOME OTHER FORM OF PAYMENT?</p> <p>Wage/Salary <input type="checkbox"/> → Q.33 <input type="checkbox"/> 1</p> <p>Other/Uncertain <input type="checkbox"/> 2</p>
<p>22. AT ANY TIME DURING THE LAST 4 WEEKS HAS BEEN LOOKING FOR FULL-TIME WORK?</p> <p>Yes <input type="checkbox"/> → Q.75 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 3</p>	<p>30. WHAT ARE (WORKING/PAYMENT) ARRANGEMENTS?</p> <p>Unpaid voluntary work <input type="checkbox"/> → Q.73 <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 <input type="checkbox"/> → Q.33 <input type="checkbox"/> 05</p> <p>In a family business without pay <input type="checkbox"/> → Q.33 <input type="checkbox"/> 06</p> <p>Payment in kind <input type="checkbox"/> → Q.33 <input type="checkbox"/> 07</p> <p>Paid by the piece/item produced <input type="checkbox"/> → Q.33 <input type="checkbox"/> 08</p> <p>Wage/salary earner <input type="checkbox"/> → Q.33 <input type="checkbox"/> 09</p> <p>Other <input type="checkbox"/> → Q.33 <input type="checkbox"/> 10</p>
<p>23. HAS BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?</p> <p>Yes <input type="checkbox"/> → Q.75 <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently not intending to work (if aged 65+ only) <input type="checkbox"/> → Q.94 <input type="checkbox"/> 3</p>	

31. DOES HAVE EMPLOYEES (IN THAT BUSINESS)? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	40. HOW MANY HOURS DOES USUALLY WORK EACH WEEK IN (THAT JOB/THAT BUSINESS/ ALL JOBS)? a 35 hours or more ... <input type="text"/> 1 - 34 hours → Q.60 <input type="text"/> b Less than 1 hour/ No hours → Q.60 <input type="checkbox"/>
32. IS THAT BUSINESS INCORPORATED? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	41. → Q.65
33. I WOULD NOW LIKE TO ASK ABOUT WHEN WORKED (IN MAIN JOB) LAST WEEK. [REMEMBERING THAT (Day) WAS A PUBLIC HOLIDAY,] DID WORK (IN THAT JOB) ON MON TUES WED THU FRI SAT SUN? Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2	42. HOW MANY HOURS DOES USUALLY WORK EACH WEEK IN (THAT JOB/THAT BUSINESS/ ALL JOBS)? a 35 hours or more ... <input type="text"/> 1 - 34 hours → Q.60 <input type="text"/> b Less than 1 hour/ No hours → Q.60 <input type="checkbox"/>
34. Sequence Guide . If no days worked in Q.33 ... → Q.39 <input type="checkbox"/> 1 . If Q.31 answered ... → Q.37 <input type="checkbox"/> 2 . Otherwise ... → Q.35 <input type="checkbox"/> 3	43. WHAT WAS THE MAIN REASON WORKED LESS THAN 35 HOURS LAST WEEK? Holiday/Flextime/Study/ Personal reasons <input type="checkbox"/> 1 Own illness or injury/Sick leave ... <input type="checkbox"/> 2 Standard work arrangements/ Shift work/RDO <input type="checkbox"/> 3 Stood down/On short time/ Insufficient work <input type="checkbox"/> 4 Bad weather/Plant breakdown ... <input type="checkbox"/> 5 Began/left/lost job during week ... <input type="checkbox"/> 6 On strike/Locked out/ Industrial dispute <input type="checkbox"/> 7 Other <input type="checkbox"/> 8
35. ON THE DAYS THAT WORKED (IN THAT JOB), DID HAVE ANY TIME OFF? Yes <input type="checkbox"/> No <input type="checkbox"/>	44. → Q.65
36. DID WORK ANY EXTRA HOURS OR OVERTIME? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	45. DID HAVE MORE THAN 1 JOB OR BUSINESS LAST WEEK? Yes <input type="checkbox"/> 1 No → Q.47 <input type="checkbox"/> 2
37. Sequence Guide . If only 1 job/business ('2' in Q.25 or '1' in Q.26) ... → Q.39 <input type="checkbox"/> 1 . Otherwise ... → Q.38 <input type="checkbox"/> 2	46. THE NEXT FEW QUESTIONS ARE ABOUT THE JOB OR BUSINESS IN WHICH USUALLY WORKS THE MOST HOURS.
38. HOW MANY HOURS DID ACTUALLY WORK IN MAIN JOB LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE EXTRA HOURS WORKED)? a 1 hour or more ... <input type="text"/> b Less than 1 hour/ No hours ... <input type="checkbox"/>	47. DOES WORK FOR AN EMPLOYER, OR IN OWN BUSINESS? Employer <input type="checkbox"/> 1 Own business ... → Q.50 <input type="checkbox"/> 2 Other/Uncertain ... → Q.49 <input type="checkbox"/> 3
39. HOW MANY HOURS DID ACTUALLY WORK (IN ALL JOBS) LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE EXTRA HOURS WORKED)? a 35 hours or more ... <input type="text"/> 1-34 hours → Q.42 <input type="text"/> b Less than 1 hour/ No hours → Q.53 <input type="checkbox"/>	

<p>48. IS PAID A WAGE OR SALARY, <u>OR</u> SOME OTHER FORM OF PAYMENT?</p> <p style="text-align: right;">Wage/Salary → Q.53 <input type="checkbox"/> 1</p> <p style="text-align: right;">Other/Uncertain → Q.53 <input type="checkbox"/> 2</p>	<p>54. WAS ON WORKERS' COMPENSATION LAST WEEK?</p> <p style="text-align: right;">Yes → Q.56 <input type="checkbox"/> 1</p> <p style="text-align: right;">No → Q.56 <input type="checkbox"/> 2</p>
<p>49. WHAT ARE (WORKING/PAYMENT) ARRANGEMENTS?</p> <p style="text-align: right;">Unpaid voluntary work → Q.73 <input type="checkbox"/> 01</p> <p style="text-align: right;">Contractor/Subcontractor → Q.73 <input type="checkbox"/> 02</p> <p style="text-align: right;">Own business/Partnership → Q.73 <input type="checkbox"/> 03</p> <p style="text-align: right;">Commission only → Q.73 <input type="checkbox"/> 04</p> <p style="text-align: right;">Commission with retainer → Q.53 <input type="checkbox"/> 05</p> <p style="text-align: right;">In a family business without pay → Q.73 <input type="checkbox"/> 06</p> <p style="text-align: right;">Payment in kind → Q.53 <input type="checkbox"/> 07</p> <p style="text-align: right;">Paid by the piece/item produced → Q.53 <input type="checkbox"/> 08</p> <p style="text-align: right;">Wage/salary earner → Q.53 <input type="checkbox"/> 09</p> <p style="text-align: right;">Other → Q.53 <input type="checkbox"/> 10</p>	<p>55. WILL BE RETURNING TO WORK FOR EMPLOYER?</p> <p style="text-align: right;">Yes → Q.59 <input type="checkbox"/> 1</p> <p style="text-align: right;">No → Q.73 <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know → Q.73 <input type="checkbox"/> 3</p>
<p>50. DOES HAVE EMPLOYEES (IN THAT BUSINESS)?</p> <p style="text-align: right;">Yes → Q.58 <input type="checkbox"/> 1</p> <p style="text-align: right;">No → Q.58 <input type="checkbox"/> 2</p>	<p>56. UP UNTIL THE END OF LAST WEEK, HOW LONG HAD BEEN AWAY FROM WORK?</p> <p style="text-align: right;">Less than 4 weeks → Q.59 <input type="checkbox"/> 1</p> <p style="text-align: right;">4 weeks or more → Q.59 <input type="checkbox"/> 2</p>
<p>51. IS THAT BUSINESS INCORPORATED?</p> <p style="text-align: right;">Yes → Q.53 <input type="checkbox"/> 1</p> <p style="text-align: right;">No → Q.53 <input type="checkbox"/> 2</p>	<p>57. WAS PAID, OR WILL BE PAID, FOR ANY PART OF THE LAST 4 WEEKS?</p> <p style="text-align: right;">Yes → Q.59 <input type="checkbox"/> 1</p> <p style="text-align: right;">No → Q.73 <input type="checkbox"/> 2</p>
<p>52. → Q.58</p>	<p>58. WHAT WAS THE MAIN REASON WAS AWAY FROM WORK LAST WEEK?</p> <p style="text-align: right;">Holiday/Study/Personal reasons → Q.58 <input type="checkbox"/> 1</p> <p style="text-align: right;">Own illness or injury → Q.58 <input type="checkbox"/> 2</p> <p style="text-align: right;">No work available/Not enough work → Q.58 <input type="checkbox"/> 3</p> <p style="text-align: right;">Locked out/Industrial dispute → Q.58 <input type="checkbox"/> 4</p> <p style="text-align: right;">Bad weather/Plant breakdown → Q.58 <input type="checkbox"/> 5</p> <p style="text-align: right;">Other → Q.58 <input type="checkbox"/> 6</p>
<p>53. WHAT WAS THE MAIN REASON WAS AWAY FROM WORK LAST WEEK?</p> <p style="text-align: right;">Holiday/Flextime/Study/Personal reasons → Q.56 <input type="checkbox"/> 1</p> <p style="text-align: right;">Own illness or injury/Sick leave → Q.56 <input type="checkbox"/> 2</p> <p style="text-align: right;">No work available/Not enough work → Q.56 <input type="checkbox"/> 3</p> <p style="text-align: right;">Standard work arrangements/Shift work → Q.59 <input type="checkbox"/> 4</p> <p style="text-align: right;">On strike/Locked out/Industrial dispute → Q.59 <input type="checkbox"/> 5</p> <p style="text-align: right;">Stood down → Q.56 <input type="checkbox"/> 6</p> <p style="text-align: right;">Bad weather/Plant breakdown → Q.56 <input type="checkbox"/> 7</p> <p style="text-align: right;">Other → Q.56 <input type="checkbox"/> 8</p>	<p>59. HOW MANY HOURS DOES USUALLY WORK EACH WEEK IN (THAT JOB/THAT BUSINESS/ ALL JOBS)?</p> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>a 35 hours or more → Q.65 <input type="checkbox"/> 1</p> <p>1 - 34 hours → Q.65 <input type="checkbox"/> 2</p> </div> <div style="flex: 1; text-align: center;"> <input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/> </div> </div> <p>b Less than 1 hour/No hours → Q.73 <input type="checkbox"/> 1</p>
<p>60. WOULD PREFER TO WORK MORE HOURS THAN USUALLY WORKS?</p> <p style="text-align: right;">Yes → Q.65 <input type="checkbox"/> 1</p> <p style="text-align: right;">No → Q.65 <input type="checkbox"/> 2</p> <p style="text-align: right;">Don't know → Q.65 <input type="checkbox"/> 3</p>	<p>61. LAST WEEK, WAS AVAILABLE TO WORK MORE HOURS THAN USUALLY WORKS?</p> <p style="text-align: right;">Yes → Q.62 <input type="checkbox"/> 1</p> <p style="text-align: right;">No → Q.62 <input type="checkbox"/> 2</p>

<p>61A. IN THE NEXT 4 WEEKS, WOULD BE AVAILABLE TO WORK MORE HOURS THAN USUALLY WORKS?</p> <p>Yes 1</p> <p>No 2</p>	<p>66. WHAT KIND OF BUSINESS OR SERVICE IS CARRIED OUT BY (EMPLOYER AT THE PLACE WHERE WORKS/ BUSINESS)?</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>62. IN THE LAST 4 WEEKS, HAS DONE ANYTHING TO OBTAIN MORE HOURS OF WORK?</p> <p>Yes 1</p> <p>No → Q.65 2</p>	<p>67. WHAT IS THE NAME OF (EMPLOYER/BUSINESS)?</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>63. DOES WANT TO WORK 35 HOURS OR MORE A WEEK?</p> <p>Yes 1</p> <p>No 2</p>	<p>68. HAS WORKED (FOR EMPLOYER/IN BUSINESS) FOR 12 MONTHS OR MORE?</p> <p>Yes/More → Q.70 1</p> <p>No/Less 2</p>
<p>64. AT ANY TIME IN THE LAST 4 WEEKS HAS (ASKED CURRENT EMPLOYER FOR MORE HOURS?) 01</p> <p>WRITTEN, PHONED OR APPLIED IN PERSON TO (AN/ANOTHER) EMPLOYER FOR WORK? 02</p> <p>ANSWERED AN ADVERTISEMENT FOR A JOB? 03</p> <p>LOOKED IN NEWSPAPERS?</p> <p>Yes 0</p> <p>No 1</p> <p>CHECKED FACTORY NOTICE BOARDS, OR USED THE TOUCHSCREENS AT CENTRELINK OFFICES? 04</p> <p>AT ANY TIME IN THE LAST 4 WEEKS HAS BEEN REGISTERED WITH CENTRELINK AS A JOBSEEKER? 05</p> <p>CHECKED OR REGISTERED WITH AN EMPLOYMENT AGENCY? 06</p> <p>DONE ANYTHING ELSE TO FIND A JOB?</p> <p>Advertised or tendered for work 07</p> <p>Contacted friends/relatives 08</p> <p>Other 09</p> <p>Only looked in newspapers 10</p> <p>None of these 11</p>	<p>69. HOW MANY MONTHS HAS WORKED (FOR EMPLOYER/IN BUSINESS)?</p> <p>Months ... <input type="text"/> <input type="text"/></p>
<p>65. WHAT (WAS/IS) OCCUPATION IN (THAT/..... MAIN) (JOB/BUSINESS)?</p> <p>(Title)</p> <p>.....</p> <p>WHAT (WERE/ARE) MAIN TASKS AND DUTIES?</p> <p>(Main tasks/duties)</p> <p>.....</p> <p>.....</p>	<p>70. DOES EXPECT TO BE WORKING (FOR EMPLOYER/IN BUSINESS) IN 12 MONTHS TIME?</p> <p>Yes/Don't know → Q.94 1</p> <p>No/Depends 2</p> <p>71. WHAT IS THE MAIN REASON (EXPECTS TO/MAY) FINISH WORK (FOR EMPLOYER/IN BUSINESS) IN THE NEXT 12 MONTHS?</p> <p>Changing jobs/Seeking other employment 1</p> <p>Returning to study/Travel/Family reasons 2</p> <p>Retiring 3</p> <p>Seasonal/Temporary job/Fixed contract 4</p> <p>Employer/business closing down/downsizing 5</p> <p>Other 6</p>
<p>72. → Q.94</p>	<p>.....</p>

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 JOBBSEEKER?		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	→ <i>Q.81B</i>	08
Only looked in newspapers	→ <i>Q.81B</i>	09
None of these	→ <i>Q.81B</i>	10

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="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<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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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

.....

.....

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

.....

.....

.....

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90. WHAT WAS THE NAME OF EMPLOYER OR BUSINESS?

.....

.....

.....

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

→ **Q.94**

