

COMMONWEALTH OF THE BAHAMAS



2011

HOUSEHOLD SURVEY #1

Department of Statistics
P. O. Box N-3904
Nassau, Bahamas

Department of Statistics
P. O. Box F-42561
Freeport, Grand Bahama

SUPERVISOR: _____

DATE: _____

ENUMERATOR: _____

DATE: _____

EDITOR: _____

DATE: _____

IMPORTANT!!!

Place an X IN THE BOX

X

HOUSEHOLD SURVEY 2011

Please give the names of ALL persons who usually live here and share at least one daily meal with your household starting with the head.

LISTING OF HOUSEHOLD MEMBERS

	NAME	AGE		NAME	AGE
001			011		
002			012		
003			013		
004			014		
005			015		
006			016		
007			017		
008			018		
009			019		
010			020		

THE STATISTICS ACT

THIS SURVEY IS BEING TAKEN IN EXERCISE OF THE POWERS CONFERRED BY SECTION 9, SUBSECTION (1) OF THE STATISTICS ACT 1973 "ANY PERSON REQUIRED TO FURNISH INFORMATION, ESTIMATES, OR RETURNS, OR TO SUPPLY PARTICULARS UNDER THIS ACT WHO FAILS SO TO DO SHALL BE GUILTY OF AN OFFENCE."

RESULT CODE		SURVEY DATE		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">1</td> </tr> </table>					0	2	5	1	1			
0	2	5	1	1												
1	COMPLETED	6	VACANT													
2	PARTIALLY COMPLETED	8	DEMOLISHED													
3	REFUSED	7	OTHER _____ Specify													
4	NOT AT HOME/NO CONTACT															
				IDENTIFYING NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
				ISLAND AND DISTRICT _____												
				HOUSEHOLD NUMBER _____												
				HOUSEHOLDER NAME _____												
1.	TYPE OF DWELLING SINGLE DETACHED 1 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> SINGLE ATTACHED..... 2 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> APARTMENT/FLAT.... 3 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> DWELLING ATTACHED TO A BUSINESS..... 4 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> OTHER..... 5 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table>															
2.	TYPE OF TENURE OWNED..... 1 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> RENTED..... 2 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> OTHER..... 3 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table>															
3.	TYPE OF LIGHTING ELECTRICITY..... 1 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> GAS..... 2 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> OIL 3 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> OTHER..... 4 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> NOT STATED.. 5 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table>															
4.	TYPE OF WATER SUPPLY PIPED INTO DWELLING .. 1 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> PRIVATE NOT PIPED..... 2 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> PUBLIC WELL, TANK OR PUMP 3 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> OTHER..... 4 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> NOT STATED 5 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table>															
5	DOES THIS HOUSEHOLD HAVE A COMPUTER? YES..... 1 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> NO..... 2 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> SKIP TO Q8															
6	DOES THIS COMPUTER HAVE INTERNET SERVICES? YES..... 1 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> NO..... 2 <table border="1" style="width: 30px; height: 30px; display: inline-table;"></table> SKIP TO Q8															

7	HOW MANY PERSONS IN THIS HOUSEHOLD UTILIZE THE INTERNET AT HOME? 0..... 1 <input style="width: 40px;" type="text"/> 1 - 2..... 2 <input style="width: 40px;" type="text"/> 3 - 4..... 3 <input style="width: 40px;" type="text"/> 5+... 4 <input style="width: 40px;" type="text"/>									
8	HOW MANY HOUSEHOLD MEMBERS UTILIZE THE INTERNET AWAY FROM HOME? (I.E. WORK, LIBRARY, ETC.)? 0..... 1 <input style="width: 40px;" type="text"/> 1 - 2..... 2 <input style="width: 40px;" type="text"/> 3 - 4..... 3 <input style="width: 40px;" type="text"/> 5+... 4 <input style="width: 40px;" type="text"/>									
9	DOES THIS HOUSEHOLD HAVE A FIXED LINE TELEPHONE? YES..... 1 <input style="width: 40px;" type="text"/> NO..... 2 <input style="width: 40px;" type="text"/>									
10	HOW MANY MEMBERS IN THIS HOUSEHOLD HAVE A CELLULAR PHONE? 0..... 1 <input style="width: 40px;" type="text"/> 1 - 2..... 2 <input style="width: 40px;" type="text"/> 3 - 4..... 3 <input style="width: 40px;" type="text"/> 5+..... 4 <input style="width: 40px;" type="text"/>									
11	DOES THIS HOUSEHOLD HAVE TELEVISION? YES..... 1 <input style="width: 40px;" type="text"/> NO..... 2 <input style="width: 40px;" type="text"/> → SKIP TO Q13									
12	WHAT SERVICES ARE YOUR TELEVISION LINKED TO? NONE..... 1 <input style="width: 40px;" type="text"/> CABLE..... 2 <input style="width: 40px;" type="text"/> SATELLITE..... 3 <input style="width: 40px;" type="text"/> CABLE & SATELLITE..... 4 <input style="width: 40px;" type="text"/>									
13	TOTAL NUMBER OF MALES IN HOUSEHOLD..... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> TOTAL MALES 15 YEARS OF AGE AND OVER..... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>									
14	TOTAL NUMBER OF FEMALES IN HOUSEHOLD..... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> TOTAL FEMALES 15 YEARS OF AGE AND OVER..... <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>									
15	TOTAL INCOME OF ALL PERSONS FROM ALL SOURCES ACCRUED OVER THE PAST 12 MONTHS (WAGES, RENT, DIVIDENDS, ETC.) LESS THAN \$5,001..... 1 <input style="width: 40px;" type="text"/> \$15,001 TO \$20,000 4 <input style="width: 40px;" type="text"/> \$ 60,001 TO \$ 80,000 7 <input style="width: 40px;" type="text"/> \$ 5,001 TO \$10,000 2 <input style="width: 40px;" type="text"/> \$20,001 TO \$40,000 5 <input style="width: 40px;" type="text"/> \$ 80,001 TO \$100,000 8 <input style="width: 40px;" type="text"/> NOT STATED ... 10 <input style="width: 40px;" type="text"/> \$10,001 TO \$15,000..... 3 <input style="width: 40px;" type="text"/> \$40,001 TO \$60,000..... 6 <input style="width: 40px;" type="text"/> \$100,001 AND OVER..... 9 <input style="width: 40px;" type="text"/>									

	NAME OF INDIVIDUAL _____ INDIVIDUAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/>	4	WHERE WERE YOU BORN? BAHAMAS.....1 <input type="text"/> ABROAD.....2 <input type="text"/>
1	<u>INDIVIDUAL DEMOGRAPHICS</u> RELATIONSHIP TO HEAD OF THE HOUSEHOLD HEAD.....1 <input type="text"/> SPOUSE/PARTNER.....2 <input type="text"/> CHILD OF HEAD/SPOUSE.....3 <input type="text"/> OTHER RELATIVE.....4 <input type="text"/> NON-RELATIVE.....5 <input type="text"/>	5	OF WHAT COUNTRY ARE YOU A CITIZEN? BAHAMAS.....1 <input type="text"/> UNITED STATES.....2 <input type="text"/> HAITI.....3 <input type="text"/> JAMAICA.....4 <input type="text"/> OTHER CARIBBEAN.....5 <input type="text"/> OTHER.....6 <input type="text"/> <div style="position: absolute; right: 0; top: 50%; transform: translateY(-50%); writing-mode: vertical-rl; text-orientation: mixed;"> S K I P T O Q 7 </div>
2	SEX MALE1 <input type="text"/> FEMALE.....2 <input type="text"/>	6	BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP? BORN TO BAHAMIAN PARENT/S.....1 <input type="text"/> MARRIED TO BAHAMIAN HUSBAND.....2 <input type="text"/> ADOPTED BY BAHAMAIN.....3 <input type="text"/> OTHER NATURALIZATION.....4 <input type="text"/>
3	AGE..... <input type="text"/> <input type="text"/>		

7	<p>WHAT IS YOUR MARITAL STATUS?</p> <p>SINGLE (NEVER MARRIED)..... 1 <input type="text"/></p> <p>MARRIED..... 2 <input type="text"/></p> <p>COMMON-LAW..... 3 <input type="text"/></p> <p>OTHER..... 4 <input type="text"/></p>	8	<p>TO WHICH RACIAL GROUP DO YOU BELONG?</p> <p>BLACK..... 1 <input type="text"/></p> <p>BLACK AND WHITE..... 2 <input type="text"/></p> <p>BLACK AND OTHER..... 3 <input type="text"/></p> <p>WHITE..... 4 <input type="text"/></p> <p>WHITE AND OTHER..... 5 <input type="text"/></p> <p>ASIAN..... 6 <input type="text"/></p> <p>EAST INDIAN..... 7 <input type="text"/></p> <p>OTHER_____ (SPECIFY)..... 8 <input type="text"/></p> <p>NOT STATED..... 9 <input type="text"/></p>
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<p>9 EDUCATION</p> <p>WHAT IS YOUR HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT?</p> <p>NO SCHOOLING..... 1 <input type="checkbox"/> <u>SKIP TO Q11</u></p> <p>INCOMPLETE PRIMARY..... 2 <input type="checkbox"/></p> <p>COMPLETE PRIMARY..... 3 <input type="checkbox"/></p> <p>INCOMPLETE SECONDARY..... 4 <input type="checkbox"/></p> <p>COMPLETE SECONDARY..... 5 <input type="checkbox"/></p> <p>UNIVERSITY 1-2..... 6 <input type="checkbox"/></p> <p>UNIVERSITY 3+..... 7 <input type="checkbox"/></p> <p>OTHER TERTIARY INSTITUTION (TECHNICAL/VOCATIONAL)..... 8 <input type="checkbox"/></p>	<p>11 LABOUR FORCE INFORMATION</p> <p>HAVE YOU EVER WORKED BEFORE?</p> <p>YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> <u>SKIP TO Q43</u></p>
<p>10 WHAT IS YOUR HIGHEST CERTIFICATE/DIPLOMA OR DEGREE?</p> <p>NONE..... 1 <input type="checkbox"/></p> <p>BJC/PITMAN/RSA. ETC..... 2 <input type="checkbox"/></p> <p>GCE O LEVEL/BGCSE..... 3 <input type="checkbox"/></p> <p>GCE A LEVEL..... 4 <input type="checkbox"/></p> <p>DEGREE OR CERTIFICATE BELOW BACHELOR'S LEVEL..... 5 <input type="checkbox"/></p> <p>DEGREE AT BACHELOR'S LEVEL..... 6 <input type="checkbox"/></p> <p>DEGREE ABOVE BACHELOR'S LEVEL (MASTERS, DOCTORATE)..... 7 <input type="checkbox"/></p> <p>PROFESSIONAL (NON-UNIVERSITY)..... 8 <input type="checkbox"/></p> <p>OTHER TRADE CERTIFICATE OR DIPLOMA FROM A VOCATIONAL INSTITUTION..... 9 <input type="checkbox"/></p>	<p>12 DID YOU DO ANY WORK FOR PAY OR WITHOUT PAY FOR AT LEAST ONE HOUR EVEN IF IT IS IN A FAMILY OPERATED ENTERPRISE DURING THE WEEK <u>OCT 24TH - OCT 30TH?</u></p> <p>YES..... 1 <input type="checkbox"/> <u>SKIP TO Q18</u> NO..... 2 <input type="checkbox"/></p>
	<p>13 DID YOU HAVE A JOB OR BUSINESS FROM WHICH YOU WERE TEMPORARILY ABSENT DURING THE WEEK OF <u>OCT 24 - OCT 30TH?</u></p> <p>YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/> <u>SKIP TO Q43</u></p>

<p>14 EMPLOYED PERSONS</p> <p>WHAT WAS THE MAIN REASON WHY YOU WERE ABSENT FROM WORK DURING THE WEEK OF APRIL 25 - MAY 1?</p> <p>ILLNESS..... 1 <input style="width: 40px;" type="text"/></p> <p>EDUCATIONAL LEAVE OR TRAINING (OUTSIDE THE WORKPLACE)..... 2 <input style="width: 40px;" type="text"/></p> <p>PARENTAL LEAVE..... 3 <input style="width: 40px;" type="text"/></p> <p>OTHER PERSONAL OR FAMILY RESPONSIBILITIES..... 4 <input style="width: 40px;" type="text"/></p> <p>VACATION..... 5 <input style="width: 40px;" type="text"/></p> <p>CASUAL JOB NO WORK AVAILABLE..... 6 <input style="width: 40px;" type="text"/></p> <p>SELF-EMPLOYED NO WORK AVAILABLE..... 7 <input style="width: 40px;" type="text"/></p> <p>LABOUR DISPUTE..... 8 <input style="width: 40px;" type="text"/></p> <p>TEMPORARY LAYOFF DUE TO BUSINESS CONDITION..... 9 <input style="width: 40px;" type="text"/> SKIP TO Q16</p> <p>(EMPLOYEES ONLY)</p> <p>SEASONAL LAYOFF (EMPLOYEES ONLY)..... 10 <input style="width: 40px;" type="text"/> SKIP TO Q17</p> <p>SEASONAL BUSINESS (EMPLOYERS ONLY)..... 11 <input style="width: 40px;" type="text"/> SKIP TO Q18</p> <p>OTHER..... 12 <input style="width: 40px;" type="text"/> SKIP TO Q18</p> <p>UNPAID FAMILY WORK..... 13 <input style="width: 40px;" type="text"/> SKIP TO Q43</p> <p style="text-align: center; margin-top: 20px;">SKIP TO Q18</p>	<p>15 DO YOU EXPECT TO RETURN TO YOUR JOB?</p> <p>YES..... 1 <input style="width: 40px;" type="text"/> SKIP TO Q17</p> <p>NO..... 2 <input style="width: 40px;" type="text"/> SKIP TO Q43</p> <hr/> <p>16 AS OF THE WEEK OF APRIL 25 - MAY 1ST, HOW MANY WEEKS HAVE YOU BEEN ON LAYOFF?</p> <p>1 - 4..... 1 <input style="width: 40px;" type="text"/></p> <p>5 - 7..... 2 <input style="width: 40px;" type="text"/></p> <p>8+..... 3 <input style="width: 40px;" type="text"/> SKIP TO Q43</p> <hr/> <p>17 HAS YOUR EMPLOYER GIVEN YOU A DATE TO RETURN?</p> <p>YES..... 1 <input style="width: 40px;" type="text"/></p> <p>NO..... 2 <input style="width: 40px;" type="text"/></p> <hr/> <p>18 WHEN DID YOU START WORKING AT <u>THIS</u> JOB?</p> <p>LESS THAN 1 MONTH..... 1 <input style="width: 40px;" type="text"/></p> <p>1 MONTH BUT LESS THAN 3 MONTHS..... 2 <input style="width: 40px;" type="text"/></p> <p>3 MONTHS BUT LESS THAN 7 MONTHS..... 3 <input style="width: 40px;" type="text"/></p> <p>7 MONTHS BUT LESS THAN 12 MONTHS..... 4 <input style="width: 40px;" type="text"/></p> <p>12 MONTHS AND MORE..... 5 <input style="width: 40px;" type="text"/> SKIP TO Q21</p>
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19	<p>WHY DID YOU WORK LESS THAN _____ MONTHS ON THIS JOB? (SEE Q18 OPTIONS)</p> <p>1ST TIME WORKING..... 1 <input style="width: 40px;" type="text"/></p> <p>LAID OFF..... 2 <input style="width: 40px;" type="text"/></p> <p>RESIGNED/PERSONAL REASON..... 3 <input style="width: 40px;" type="text"/></p> <p>JOB CONTRACT/COMPLETED..... 4 <input style="width: 40px;" type="text"/></p> <p>DISMISSED..... 5 <input style="width: 40px;" type="text"/></p> <p>BUSINESS CEASED OPERATIONS..... 6 <input style="width: 40px;" type="text"/></p> <p>OTHER..... 7 <input style="width: 40px;" type="text"/></p>	21	<p><u>TRAINING</u></p> <p>DID YOU RECEIVE <u>SPECIAL</u> TRAINING FOR YOUR CURRENT JOB?</p> <p>YES..... 1 <input style="width: 40px;" type="text"/> NO..... 2 <input style="width: 40px;" type="text"/> SKIP TO Q23 →</p>
20	<p>WHAT WAS THE MOST RECENT ACTION YOU TOOK TO FIND THIS JOB?</p> <p>REGISTERED WITH GOVERNMENT EMPLOYMENT EXCHANGE..... 1 <input style="width: 40px;" type="text"/></p> <p>REGISTERED WITH PRIVATE EMPLOYMENT EXCHANGE..... 2 <input style="width: 40px;" type="text"/></p> <p>APPLIED IN WRITING OR IN PERSON..... 3 <input style="width: 40px;" type="text"/></p> <p>PLACED ADS..... 4 <input style="width: 40px;" type="text"/></p> <p>INQUIRED OF FRIENDS/RELATIVES..... 5 <input style="width: 40px;" type="text"/></p> <p>TRIED TO ESTABLISHED OWN BUSINESS..... 6 <input style="width: 40px;" type="text"/></p> <p>OTHER (SPECIFY)..... 7 <input style="width: 40px;" type="text"/></p>	22	<p>WHAT TYPE OF TRAINING HAVE YOU RECEIVED?</p> <p>PROFESSIONAL WITH CERTIFICATE..... 1 <input style="width: 40px;" type="text"/></p> <p>PROFESSIONAL WITHOUT CERTIFICATE..... 2 <input style="width: 40px;" type="text"/></p> <p>TECHNICAL WITH CERTIFICATE..... 3 <input style="width: 40px;" type="text"/></p> <p>TECHNICAL WITHOUT CERTIFICATE..... 3 <input style="width: 40px;" type="text"/></p> <p>APPRENTICESHIP..... 4 <input style="width: 40px;" type="text"/></p> <p>ON THE JOB..... 5 <input style="width: 40px;" type="text"/></p> <p>NOT STATED..... 6 <input style="width: 40px;" type="text"/></p>
23	<p><u>UNION MEMBERSHIP</u></p> <p>ARE YOU A MEMBER OF A TRADE UNION?</p> <p>YES..... 1 <input style="width: 40px;" type="text"/> NO..... <input style="width: 40px;" type="text"/></p>	23	

<div style="display: flex; justify-content: space-between;"> 24 <div> <p>HOW MANY PAID JOBS DID YOU HAVE DURING THE WEEK OF APRIL 25TH - MAY 1ST ?</p> <p>0 JOB..... 1 <input style="width: 30px; height: 20px;" type="text"/> SKIP TO Q26 →</p> <p>1 JOB..... 2 <input style="width: 30px; height: 20px;" type="text"/></p> <p>2 OR MORE..... 3 <input style="width: 30px; height: 20px;" type="text"/></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> 27 <div> <p><u>UNDER EMPLOYED</u></p> <p>WHAT IS THE REASON FOR WORKING LESS THAN 35 HOURS?</p> <p>OWN ILLNESS, INJURY..... 1 <input style="width: 30px; height: 20px;" type="text"/></p> <p>HOLIDAY, VACATION..... 2 <input style="width: 30px; height: 20px;" type="text"/></p> <p>PERSONAL FAMILY..... 3 <input style="width: 30px; height: 20px;" type="text"/></p> <p>IN SCHOOL TRAINING..... 4 <input style="width: 30px; height: 20px;" type="text"/></p> <p>DID NOT WANT MORE WORK..... 5 <input style="width: 30px; height: 20px;" type="text"/></p> <p>FULL TIME WORK IS LESS THAN 35 HOURS A WEEK..... 6 <input style="width: 30px; height: 20px;" type="text"/></p> <p>STRIKE, LOCK-OUT..... 7 <input style="width: 30px; height: 20px;" type="text"/></p> <p>JOB STARTED/ENDED WITHIN REFERENCE PERIOD..... 8 <input style="width: 30px; height: 20px;" type="text"/></p> <p>REDUCTION IN ECONOMIC ACTIVITY RESPONSIBILITIES..... 9 <input style="width: 30px; height: 20px;" type="text"/></p> <p>TEMPORARY DISORGANIZATION/SUSPENSION FROM WORK..... 10 <input style="width: 30px; height: 20px;" type="text"/></p> <p>COULD NOT FIND MORE WORK..... 11 <input style="width: 30px; height: 20px;" type="text"/></p> <p>OTHER..... 12 <input style="width: 30px; height: 20px;" type="text"/></p> </div> </div>
<div style="display: flex; justify-content: space-between;"> 25 <div> <p><u>ACTUAL HOURS</u></p> <p>HOW MANY HOURS DID YOU WORK DURING THE WEEK ENDING <u>APRIL 25TH - MAY 1ST</u> (Include overtime whether paid or not and time on short tea/coffee break. Exclude time away from work for holidays or sickness, time travelling to/from work, meal breaks, absences for shopping and time "on call" during which you were not actually working)</p> <p>MAIN JOB <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>OTHER JOBS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> 26 <div> <p><u>NORMAL HOURS OF WORK</u></p> <p>HOW MANY HOURS DO YOU NORMALLY WORK PER WEEK?</p> <p>MAIN JOB <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>OTHER JOBS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p><u>INTERVIEWER NOTE</u></p> <p>IF ACTUAL HOURS AT QUESTION 25 IS LESS THAN 35 HOURS CONTINUE TO Q27 IF ACTUAL HOURS ARE EQUAL TO OR GREATER THAN 35 HOURS SKIP TO Q28</p> </div> </div>	

<p>28 WHEN DID YOU LAST SEEK A NEW JOB OR ADDITIONAL WORK?</p> <p>NEVER SOUGHT..... 1 <input type="checkbox"/> SKIP TO Q33</p> <p>LESS THAN 1 MONTH..... 2 <input type="checkbox"/></p> <p>1 MONTH BUT LESS THAN 3..... 3 <input type="checkbox"/></p> <p>3 MONTHS BUT LESS THAN 6..... 4 <input type="checkbox"/></p> <p>6 MONTHS BUT LESS THAN 12..... 5 <input type="checkbox"/></p> <p>12 MONTHS BUT LESS THAN 24..... 6 <input type="checkbox"/></p> <p>24 MONTHS OR MORE..... 7 <input type="checkbox"/></p>	<p>30 DURING THE PAST MONTH THAT IS SINCE 2ND APRIL, HAVE YOU TRIED TO SERCH FOR ANOTHER JOB ABOARD?</p> <p>YES..... 1 <input type="checkbox"/> NO..... 2 <input type="checkbox"/></p>
<p>29 HOW DID YOU <u>MAINLY LOOK</u> FOR WORK AT THAT TIME?</p> <p>REGISTERED WITH GOVERNMENT EMPLOYMENT EXCHANGE..... 1 <input type="checkbox"/></p> <p>REGISTERED WITH PRIVATE EMPLOYMENT EXCHANGE..... 2 <input type="checkbox"/></p> <p>APPLIED IN WRITING OR IN PERSON..... 3 <input type="checkbox"/></p> <p>PLACED ADS..... 4 <input type="checkbox"/></p> <p>INQUIRED OF FRIENDS/RELATIVES..... 5 <input type="checkbox"/></p> <p>TRIED TO ESTABLISH OWN BUSINESS..... 6 <input type="checkbox"/></p> <p>OTHER (SPECIFY)..... 7 <input type="checkbox"/></p>	<p>31 HOW LONG HAVE YOU BEEN <u>AVAILABLE FOR MORE WORK?</u></p> <p>LESS THAN 1 MONTH..... 1 <input type="checkbox"/></p> <p>1 MONTH BUT LESS THAN 3..... 2 <input type="checkbox"/></p> <p>3 MONTHS BUT LESS THAN 6..... 3 <input type="checkbox"/></p> <p>6 MONTHS BUT LESS THAN 12..... 4 <input type="checkbox"/></p> <p>12 MONTHS BUT LESS THAN 24..... 5 <input type="checkbox"/></p> <p>24 MONTHS OR MORE..... 6 <input type="checkbox"/></p>

<p>32 WHY DID YOU NOT WORK MORE HOURS DURING THE LAST 7 DAYS?</p> <p>CANNOT FIND MORE WORK, LACK OF BUSINESS..... 1 <input style="width: 40px;" type="text"/></p> <p>LACK OF FINANCE, RAW MATERIALS..... 2 <input style="width: 40px;" type="text"/></p> <p>MACHINERY, ELECTRICAL, OTHER BREAKDOWN..... 3 <input style="width: 40px;" type="text"/></p> <p>OFF SEASON INACTIVITY..... 4 <input style="width: 40px;" type="text"/></p> <p>INDUSTRIAL DISPUTE (STRIKE, LOCKOUT, OTHER)..... 5 <input style="width: 40px;" type="text"/></p> <p>OTHER INVOLUNTARY (SPECIFY)..... 6 <input style="width: 40px;" type="text"/></p> <p>DO NOT WANT MORE WORK HAS SUFFICIENT WORK..... 7 <input style="width: 40px;" type="text"/></p> <p>HOUSEHOLD DUTIES..... 8 <input style="width: 40px;" type="text"/></p> <p>STUDENT, UNPAID TRAINING..... 9 <input style="width: 40px;" type="text"/></p> <p>ILLNESS/DISABILITY..... 10 <input style="width: 40px;" type="text"/></p> <p>VACATION FAMILY REASONS..... 11 <input style="width: 40px;" type="text"/></p> <p>PREGNANT/DELIVERY..... 12 <input style="width: 40px;" type="text"/></p> <p>OTHER VOLUNTARY (SPECIFY)..... 13 <input style="width: 40px;" type="text"/></p>	<p>33 ALL EMPLOYED PERSONS</p> <p><u>STATUS IN EMPLOYMENT</u></p> <p>WHAT CATEGORY OF WORKER ARE YOU ON YOUR JOB?</p> <p>GOVERNMENT EMPLOYEE..... 1 <input style="width: 40px;" type="text"/></p> <p>QUASI GOVERNMENT (BTC,BEC,ETC)..... 2 <input style="width: 40px;" type="text"/></p> <p>PRIVATE EMPLOYEE..... 3 <input style="width: 40px;" type="text"/></p> <p>APPRENTICE..... 4 <input style="width: 40px;" type="text"/></p> <p>SELF-EMPLOYED WITH EMPLOYEE..... 5 <input style="width: 40px;" type="text"/></p> <p>SELF-EMPLOYED WITHOUT EMPLOYEE..... 6 <input style="width: 40px;" type="text"/></p> <p>UNPAID FAMILY WORKER..... 7 <input style="width: 40px;" type="text"/> SKIP TO Q42 →</p> <p>OTHER (SPECIFY)..... 8 <input style="width: 40px;" type="text"/></p>
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34	<p>ARE YOU/WERE YOU EMPLOYED ON THE BASIS OF A WRITTEN CONTRACT?</p> <p>YES, A WRITTEN CONTRACT..... 1 <input style="width: 40px;" type="text"/></p> <p>NO, VERBAL AGREEMENT..... 2 <input style="width: 40px;" type="text"/></p> <p>EMPLOYER/OWN BUSINESS..... 3 <input style="width: 40px;" type="text"/> SKIP TO Q55 →</p>	36	<p>WHAT IS THE DURATION OF YOUR CONTRACT OR AGREEMENT?</p> <p>DAILY..... 1 <input style="width: 40px;" type="text"/></p> <p>LESS THAN 1 MONTH..... 2 <input style="width: 40px;" type="text"/></p> <p>1 MONTH BUT LESS THAN 3..... 3 <input style="width: 40px;" type="text"/></p> <p>3MONTHS BUT LESS THAN 6..... 4 <input style="width: 40px;" type="text"/></p> <p>6 MONTHS BUT LESS THAN 12..... 5 <input style="width: 40px;" type="text"/></p> <p>12 MONTHS BUT LESS THAN 24..... 6 <input style="width: 40px;" type="text"/></p> <p>MORE THAN 24 MONTHS..... 7 <input style="width: 40px;" type="text"/></p> <p>DON'T KNOW/NOT STATED..... 8 <input style="width: 40px;" type="text"/></p>
35	<p>IS/WAS YOUR CONTRACT OR AGREEMENT OF A LIMITED DURATION?</p> <p>YES..... 1 <input style="width: 40px;" type="text"/></p> <p>NO, PERMANENT WITHOUT TIME LIMIT..... 2 <input style="width: 40px;" type="text"/> SKIP TO Q38 →</p>		

37	<p>HOW LONG HAVE YOU BEEN EMPLOYED BY YOUR CURRENT EMPLOYER BASED ON A FIXED TERM CONTRACT?</p> <p>LESS THAN 6 MONTHS..... 1 <input type="text"/></p> <p>SIX MONTHS BUT LESS THAN 1 YEAR..... 2 <input type="text"/></p> <p>ONE YEAR BUT LESS THAN 2 YEARS..... 3 <input type="text"/></p> <p>TWO YEARS BUT LESS THAN 3 YEARS..... 4 <input type="text"/></p> <p>THREE YEARS OR LONGER..... 5 <input type="text"/></p> <p>DON'T KNOW/NOT STATED..... 6 <input type="text"/></p>	<p>39</p> <p>DO YOU BENEFIT FROM COMPENSATION FOR USED LEAVE?</p> <p>YES..... 1 <input type="text"/></p> <p>NO..... 2 <input type="text"/></p> <p>DON'T KNOW/NOT STATED..... 3 <input type="text"/></p>
38	<p>DO YOU BENEFIT FROM PAID ANNUAL LEAVE?</p> <p>YES..... 1 <input type="text"/></p> <p>NO..... 2 <input type="text"/></p> <p>DON'T KNOW/NOT STATED..... 3 <input type="text"/></p>	<p>40</p> <p>WOULD YOU BENEFIT FROM PAID SICK LEAVE IN CASE OF ILLNESS?</p> <p>YES..... 1 <input type="text"/></p> <p>NO..... 2 <input type="text"/></p> <p>DON'T KNOW/NOT STATED..... 3 <input type="text"/></p>

41	<p>ARE YOU EMPLOYED IN A PRIVATE HOUSEHOLD? EXAMPLES: (GUARD, COOK, HOUSEKEEPER, GARDNER)</p> <p>YES..... 1 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>NO..... 2 <input style="width: 40px; height: 20px;" type="checkbox"/></p>	43	<p><u>UNEMPLOYED</u></p> <p>WHAT WAS YOUR MAJOR ACTIVITY DURING THE WEEK OF APRIL <u>25TH</u> - MAY <u>1ST</u>?</p> <p>LOOKING FOR WORK..... 1 <input style="width: 40px; height: 20px;" type="checkbox"/> SKIP TO Q49 →</p> <p>WAITING TO START NEW JOB..... 2 <input style="width: 40px; height: 20px;" type="checkbox"/> SKIP TO Q52 →</p> <p>UNABLE TO WORK..... 3 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>AT HOME..... 4 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>AT SCHOOL..... 5 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>RETIRED..... 6 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>OTHER..... 7 <input style="width: 40px; height: 20px;" type="checkbox"/></p>
42	<p>DO YOU RECEIVE, OR ARE YOU ENTITLED TO EMPLOYMENT INSURANCE BENEFITS? (<i><u>MORE THAN ONE</u></i> <i><u>"YES" TICK IS POSSIBLE</u></i>)</p> <p>YES, FROM NATIONAL INSURANCE..... 1 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>YES, FROM PRIVATE INSURANCE COMPANY..... 2 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>NOT SURE..... 3 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>NO..... 4 <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>DON'T KNOW/NOT STATED..... 5 <input style="width: 40px; height: 20px;" type="checkbox"/></p>	44	<p>DURING THE PAST MONTH THAT IS SINCE <u>2ND APRIL</u> DID YOU LOOK FOR WORK?</p> <p>YES..... 1 <input style="width: 40px; height: 20px;" type="checkbox"/> SKIP TO Q49 →</p> <p>NO..... 2 <input style="width: 40px; height: 20px;" type="checkbox"/></p>
SKIP TO Q55			

45	<p>DO YOU WANT A REGULAR JOB NOW?</p> <p>YES..... 1 <input type="text"/></p> <p>NO..... 2 <input type="text"/> SKIP TO Q48 →</p>	47	<p>WHEN DID YOU LAST WORK AT A REGULAR JOB OR BUSINESS?</p> <p>WITHIN THE PAST 6 MONTHS..... 1 <input type="text"/></p> <p>7 MONTHS TO 2 YEARS..... 2 <input type="text"/></p> <p>MORE THAN TWO YEARS..... 3 <input type="text"/></p> <p>NEVER WORKED..... 4 <input type="text"/></p> <p style="text-align: center;">SKIP TO Q78</p>
46	<p>WHY ARE YOU NOT LOOKING FOR WORK?</p> <p>CAN'T FIND A SUITABLE JOB..... 1 <input type="text"/></p> <p>LACK EXPERIENCE..... 2 <input type="text"/></p> <p>LACK SCHOOLING/TRAINING..... 3 <input type="text"/></p> <p>TIRED LOOKING..... 3 <input type="text"/></p> <p>HOME DUTIES..... 4 <input type="text"/></p> <p>AT SCHOOL..... 5 <input type="text"/></p> <p>OTHER..... 6 <input type="text"/></p>	48	<p>WILL YOU BE SEEKING OR MAKING YOURSELF AVAILABLE FOR WORK IN AN ESTABLISHMENT OR IN YOUR OWN BUSINESS WITHIN THE THE NEXT TWELVE MONTHS?</p> <p>YES..... 1 <input type="text"/></p> <p>NO..... 2 <input type="text"/></p> <p style="text-align: center;">SKIP TO Q78</p>
		49	<p>IF YOU WERE OFFERED A JOB DURING THE WEEK OF <u>APRIL 25TH - MAY 1ST</u> WOULD YOU HAVE BEEN AVAILABLE AND ABLE TO WORK?</p> <p>YES..... 1 <input type="text"/></p> <p>NO..... 2 <input type="text"/> SKIP TO Q78 →</p>

<p>50 WHAT WAS THE MOST RECENT ACTION TAKEN TO FIND WORK OR START A BUSINESS? (TICK AS MANY AS APPLY)</p> <p>REGISTERED WITH GOVERNMENT EMPLOYMENT EXCHANGE..... 1 <input type="checkbox"/></p> <p>REGISTERED WITH PRIVATE EMPLOYMENT EXCHANGE..... 2 <input type="checkbox"/></p> <p>APPLIED IN WRITING OR IN PERSON..... 3 <input type="checkbox"/></p> <p>PLACED ADS..... 4 <input type="checkbox"/></p> <p>INQUIRED OF FRIENDS/RELATIVES..... 5 <input type="checkbox"/></p> <p>TRIED TO ESTABLISH OWN BUSINESS..... 6 <input type="checkbox"/></p> <p>OTHER (SPECIFY..... 7 <input type="checkbox"/></p>	<p>52 WHAT IS YOUR PRESENT MEANS OF SUPPORT?</p> <p>PARENT/GUARDIAN..... 1 <input type="checkbox"/></p> <p>SPOUSE..... 2 <input type="checkbox"/></p> <p>OTHER RELATIVE..... 3 <input type="checkbox"/></p> <p>FRIEND..... 4 <input type="checkbox"/></p> <p>SAVINGS..... 5 <input type="checkbox"/></p> <p>REMITTANCE FROM ABROAD..... 6 <input type="checkbox"/></p> <p>OTHER..... 7 <input type="checkbox"/></p> <p style="text-align: right;">L O C A L</p>
<p>51 HOW LONG HAVE YOU BEEN AVAILABLE AND LOOKING FOR WORK?</p> <p>LESS THAN 1 MONTH..... 1 <input type="checkbox"/></p> <p>1 MONTH BUT LESS THAN 3..... 2 <input type="checkbox"/></p> <p>3 MONTHS BUT LESS THAN 6..... 3 <input type="checkbox"/></p> <p>6 MONTHS BUT LESS THAN 12..... 4 <input type="checkbox"/></p> <p>12 MONTHS AND MORE..... 5 <input type="checkbox"/></p>	<p>53 HOW LONG HAS IT BEEN SINCE YOU LEFT YOUR LAST REGULAR JOB?</p> <p>UNDER 1 MONTH 1 <input type="checkbox"/></p> <p>1 MONTH BUT LESS THAN 6 2 <input type="checkbox"/></p> <p>6 MONTHS BUT LESS THAN 12 3 <input type="checkbox"/></p> <p>12 MONTHS BUT LESS THAN 3 YEARS 4 <input type="checkbox"/></p> <p>3 YEARS AND MORE 5 <input type="checkbox"/></p> <p>NEVER WORKED 6 <input type="checkbox"/></p> <p>NOTE TO THE ENUMERATOR: IF OPTION (6) IS SELECTED GO TO Q55, AT Q55 IF OPTION (1) IS CHOSEN CONTINUE TO Q58, THEN SKIP TO Q78B) ALL OTHER OPTIONS CONTINUE TO Q54.</p>

<p>54 WHY DID YOU LEAVE THAT JOB?</p> <p>RESIGNED/PERSONAL REASONS 1 <input type="text"/></p> <p>DISMISSED 2 <input type="text"/></p> <p>RETRENCHMENT/LAID OFF 3 <input type="text"/></p> <p>JOB/CONTRACT COMPLETED 4 <input type="text"/></p> <p>BUSINESS CEASED OPERATIONS 5 <input type="text"/></p> <p>OTHER 6 <input type="text"/></p>	<p>57 WHAT IS THE STATUS OF THIS TRAINING?</p> <p>COMPLETED..... 1 <input type="text"/></p> <p>CURRENTLY ON-GOING..... 2 <input type="text"/></p> <p>TRAINING INCOMPLETE..... 3 <input type="text"/></p>
<p>55 <u>ACTIVE LABOUR FORCE</u></p> <p>HAVE YOU BEEN TRAINED FOR A SPECIFIC OCCUPATION OR TRADE?</p> <p><u>NOTE TO ENUMERATOR: TRAINING DIFFERENT FROM YOUR CURRENT JOB</u></p> <p>YES..... 1 <input type="text"/> NO..... <input type="text"/> SKIP TO Q60.</p>	<p>58 WHAT IS/WAS THE MAIN METHOD USED TO OBTAIN THIS TRAINING?</p> <p>TRAINING INSTITUTION..... 1 <input type="text"/></p> <p>TRAINED BY PREVIOUS EMPLOYER AS APPRENTICE..... 2 <input type="text"/></p> <p>TRAINED IN A PREVIOUS COMPANY..... 3 <input type="text"/></p> <p>OTHER, (SPECIFY)..... 4 <input type="text"/></p>
<p>56 WHAT IS THIS OCCUPATION CRAFT OR TRADE?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>59 WHAT IS/WAS THE DURATION OF THE TRAINING?</p> <p>LESS THAN A MONTH..... 1 <input type="text"/></p> <p>1 MONTH..... 2 <input type="text"/></p> <p>2 - 11 MONTHS..... 3 <input type="text"/></p> <p>1 YEAR OR MORE..... 4 <input type="text"/></p> <p>SKIP TO Q61</p>

60	WHAT WAS THE MAIN REASON FOR NOT TAKING A TRAINING COURSE? DID NOT CONSIDERED IT NECESSARY FOR FINDING A JOB..... 1 <input type="text"/> DID NOT HAVE THE NECESSARY RESOURCES..... 2 <input type="text"/> DID NOT KNOW WHERE TO TAKE THE COURSES..... 3 <input type="text"/> OTHER REASON..... 4 <input type="text"/>	63 DESCRIBE YOUR MOST IMPORTANT ACTIVITIES OR DUTIES? <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>
61	WHAT IS THE NAME OF THE COMPANY OR BUSINESS WHERE YOU WORK OR WHICH YOU LAST WORK? <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 200px;"></div>	64 WHAT IS THE TYPE OF OWNERSHIP AT THE ENTERPRISE WHERE YOU WERE/ARE EMPLOYED? GOVERNMENT..... 1 <input type="text"/> QUASI GOVERNMENT (BTC, BEC)..... 2 <input type="text"/> CORPORATE BUSINESS/COMPANY (UN-)LIMITED)..... 3 <input type="text"/> BUSINESS OWNED BY FAMILY OR PARTNERS..... 4 <input type="text"/> OTHER NON-GOVERNMENTAL PRIVATE ORGANIZATION..... 5 <input type="text"/>
62	DESCRIBE THE KIND OF BUSINESS ACTIVITY CONDUCTED AT THIS ESTABLISHMENT? <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	

65

REGISTRATION

IS THE ENTERPRISE IN WHICH YOU WORK REGISTERED OR IN THE PROCESS OF BEING REGISTERED?

BUSINESS LICENCE FROM THE REGISTRAR

YES..... 1 IN PROCESS..... 2 NO..... 3

BUSINESS CERTIFICATE FROM THE POLICE

YES..... 1 IN PROCESS..... 2 NO..... 3

NATIONAL INSURANCE BOARD

YES..... 1 IN PROCESS..... 2 NO..... 3

OTHER

YES..... 1 IN PROCESS..... 2 NO..... 3

66

WHERE IS/WAS THIS ENTERPRISE BUSINESS OR FARM LOCATED?

IN A FIXED FACTORY, OFFICE..... 1

IN A FIXED SHOP, STORE..... 2

IN SOME OTHER FIXED, SPECIALISED BUSINESS PREMISE..... 3

IN A MARKET PLACE LICENSED STALL..... 4

IN YOUR OR THE BUSINESS OWNER'S HOME..... 5
(WITHOUT SEPARATE WORK SPACE)

IN YOUR OR THE BUSINESS OWNER'S HOME..... 6
(BUT A SEPARATE WORK SPACE)

ON THE SIDE WALK OF THE STREET..... 7

ON AN EMPTY, PRIVATE LOT..... 8

AS A MOVING VENDOR..... 9

IN A TAXI/BUS/CAR..... 10

IN A FARM OR AGRICULTURAL PLOT..... 11

IN A CONSTRUCTION SITE..... 12

OTHER..... 13

UNKNOWN..... 99

67	<p>SIZE</p> <p>HOW MANY PERSONS (INCLUDING YOURSELF) USUALLY WORK IN THE BUSINESS WHERE YOU WORK?</p> <p>ONLY ONE.....1 <input style="width: 50px;" type="text"/></p> <p>2 - 4.....2 <input style="width: 50px;" type="text"/></p> <p>5 - 9.....3 <input style="width: 50px;" type="text"/></p> <p>10 - 49.....4 <input style="width: 50px;" type="text"/></p> <p>50 OR MORE.....5 <input style="width: 50px;" type="text"/></p>	70	<p>ACCOUNTS FOR 2ND JOB</p> <p>WHAT KIND OF ACCOUNTS DO YOU KEEP FOR THIS ACTIVITY/BUSINESS</p> <p>COMPLETE SET OF WRITTEN ACCOUNTS.....1 <input style="width: 50px;" type="text"/></p> <p>SIMPLIFIED WRITTEN ACCOUNTS.....2 <input style="width: 50px;" type="text"/></p> <p>(ORDERS, SALES, PURCHASES)</p> <p>ONLY THROUGH INFORMAL RECORDS.....3 <input style="width: 50px;" type="text"/></p> <p>NO RECORDS ARE KEPT.....4 <input style="width: 50px;" type="text"/></p>
68	<p>HOW MANY OF THEM ARE OWNERS OR FAMILY MEMBERS OF THE OWNER EMPLOYED IN THE BUSINESS?</p> <p>(ACTUAL NUMBER) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p>	71	<p>WHAT IS THE TYPE OF OWNERSHIP AT THE ENTERPRISE WHERE YOU WERE/ARE EMPLOYED?</p> <p>GOVERNMENT/QUASI GOVERNMENT (BTC, BEC).....1 <input style="width: 50px;" type="text"/></p> <p>STATE ENTERPRISE/PUBLIC BODY.....2 <input style="width: 50px;" type="text"/></p> <p>CORPORATE BUSINESS/COMPANY (UN-)(LIMITED).....3 <input style="width: 50px;" type="text"/></p> <p>BUSINESS OWNED BY FAMILY OR PARTNERS.....4 <input style="width: 50px;" type="text"/></p> <p>OTHER NON-GOVERNMENTAL PRIVATE ORGANIZATION.....5 <input style="width: 50px;" type="text"/></p>
69	<p>DID/DO YOU HAVE ANY OTHER JOBS/BUSINESSES WHICH YOU OWNED AND OPERATED DURING THE PAST YEAR?</p> <p>YES.....1 <input style="width: 50px;" type="text"/></p> <p>NO.....2 <input style="width: 50px;" type="text"/> (1,2,3,4 OR 7) Q33 SKIP TO Q78</p> <p>NO.....3 <input style="width: 50px;" type="text"/> (5,6 OR 8) Q33 SKIP TO Q77</p>		

72

REGISTRATION

IS THE ENTERPRISE IN WHICH YOU WORK REGISTERED OR IN THE PROCESS OF BEING REGISTERED?

BUSINESS LICENCE FROM THE REGISTRAR

YES..... 1 ☐ IN PROCESS..... 2 ☐ NO..... 3 ☐

BUSINESS CERTIFICATE FROM THE POLICE

YES..... 1 ☐ IN PROCESS..... 2 ☐ NO..... 3 ☐

NATIONAL INSURANCE BOARD

YES..... 1 ☐ IN PROCESS..... 2 ☐ NO..... 3 ☐

OTHER

YES..... 1 ☐ IN PROCESS..... 2 ☐ NO..... 3 ☐

73

WHERE IS/WAS THIS ENTERPRISE BUSINESS OR FARM LOCATED?

IN A FIXED FACTORY, OFFICE..... 1 ☐

IN A FIXED SHOP, STORE..... 2 ☐

IN SOME OTHER FIXED, SPECIALISED BUSINESS PREMISE..... 3 ☐

IN A MARKET PLACE LICENSED STALL..... 4 ☐

IN YOUR OR THE BUSINESS OWNER'S HOME..... 5 ☐
(WITHOUT SEPARATE WORK SPACE)

IN YOUR OR THE BUSINESS OWNER'S HOME..... 6 ☐
(BUT A SEPARATE WORK SPACE)

ON THE SIDE WALK OF THE STREET..... 7 ☐

ON AN EMPTY, PRIVATE LOT..... 8 ☐

AS A MOVING VENDOR..... 9 ☐

IN A TAXI/BUS/CAR..... 10 ☐

IN A FARM OR AGRICULTURAL PLOT..... 11 ☐

IN A CONSTRUCTION SITE..... 12 ☐

OTHER..... 13 ☐

UNKNOWN..... 99 ☐

<div style="display: flex; justify-content: space-between;"> 74 WHAT TYPE OF ACTIVITY IS CARRIED ON FOR THE 2ND BUSINESS? </div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	<div style="display: flex; justify-content: space-between;"> 77 WHAT WAS THE TOTAL REVENUE EARNED FROM THIS BUSINESS ACTIVITY DURING THE PAST YEAR? </div> <div style="margin-top: 10px;"> 1ST. BUSINESS? \$ <div style="display: flex; justify-content: space-around; width: 200px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="margin-top: 10px;"> 2ND BUSINESS? \$ <div style="display: flex; justify-content: space-around; width: 200px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>
<div style="display: flex; justify-content: space-between;"> 75 SIZE </div> <p>HOW MANY PERSONS (INCLUDING YOURSELF) USUALLY WORK IN THE BUSINESS WHERE YOU WORK?</p> <div style="margin-top: 10px;"> ONLY ONE..... 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 2 - 4..... 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 5 - 9..... 3 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 10 - 49..... 4 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> 50 OR MORE..... 5 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>	<div style="display: flex; justify-content: space-between;"> 78 <u>EARNINGS/INCOME</u> </div> <p>DURING THE PAST 12 MONTHS MAY 2010 - APRIL 2011:</p> <p>HOW OFTEN DO YOU GET PAID?</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> DAILY..... 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> BI-WEEKLY..... 3 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> OTHER..... 5 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> WEEKLY..... 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTHLY..... 4 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div> <p><u>EARNINGS</u></p> <p>A. WHAT WAS YOUR TOTAL INCOME FROM EARNINGS (WAGES, SALARY, INCLUDING TIPS AND COMMISSIONS)</p> <div style="margin-top: 10px;"> MAIN JOB \$ <div style="display: flex; justify-content: space-around; width: 200px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="margin-top: 10px;"> SECONDARY JOB \$ <div style="display: flex; justify-content: space-around; width: 200px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <p>B. INCOME</p> <div style="margin-top: 10px;"> OWN BUSINESS \$ <div style="display: flex; justify-content: space-around; width: 200px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="margin-top: 10px;"> OTHER SOURCES \$ <div style="display: flex; justify-content: space-around; width: 200px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>
<div style="display: flex; justify-content: space-between;"> 76 <u>OWNERS AND CONTRIBUTING FAMILY WORKERS</u> </div> <p>HOW MANY OF THEM ARE OWNERS OR FAMILY MEMBERS OF THE OWNER EMPLOYED IN THE BUSINESS?</p> <p>(ACTURAL NUMBER) <div style="display: flex; justify-content: space-around; width: 60px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div></p>	