

**The Republic of the Union of Myanmar**  
**Ministry of Labour, Immigration and Population**  
**Department of Labour**



CONFIDENTIAL: All information collected in this survey is strictly confidential and will be used for statistical purpose only.

**ANNUAL LABOUR FORCE SURVEY 2018**

|           |                |          |
|-----------|----------------|----------|
| <b>A3</b> | <b>Quarter</b> | <b>1</b> |
|-----------|----------------|----------|

| Section A. IDENTIFICATION PARTICULARS   |     |      |  |                  |  |             |  |                 |  |              |  |  |
|---|-----|------|--|------------------|--|-------------|--|-----------------|--|--------------|--|--|
| A1. Sample FSU No.  |     |      |  |                  |  |             |  |                 |  |              |  |  |
| A4. EA CODE   |     |      |  |                  |  |             |  |                 |  |              |  |  |
| A2. Sample Household number   |     |      |  |                  |  |             |  |                 |  | 1 to 18      |  |  |
| A5. No. of questionnaires used  |     |      |  |                  |  |             |  |                 |  |              |  |  |
| A6. Name of household head  |     |      |  |                  |  |             |  |                 |  |              |  |  |
| Address of household  |     |      |  |                  |  |             |  |                 |  |              |  |  |
| A7. Mobile/Phone number   |     |      |  |                  |  |             |  |                 |  |              |  |  |
| A20. Total number of household members  |     |      |  |                  |  |             |  |                 |  |              |  |  |
| INTERVIEWER VISITS  |     |      |  |                  |  |             |  |                 |  |              |  |  |
| Visit   |     | Date |  | Starting Time    |  | Ending Time |  | Result*         |  |              |  |  |
| First   | A8  |      |  | A9               |  | A10         |  | A11             |  |              |  |  |
| Final   | A12 |      |  | A13              |  | A14         |  | A15             |  |              |  |  |
| *Code:<br>1=Completed, 2=No household members at home/no competent respondent,<br>3=Entire Household absent for extended period of time, 4=Refused, 5=Household not traceable,6=Not completed<br>9=Other..... |     |      |  |                  |  |             |  |                 |  |              |  |  |
|   |     |      |  | SURVEY PERSONNEL |  |             |  | DATA MANAGEMENT |  |              |  |  |
|   |     |      |  | Interviewer      |  | Supervisor  |  | Data Clerk      |  | Data Manager |  |  |
| Name  |     |      |  |                  |  |             |  |                 |  |              |  |  |
| Telephone/Mobile  |     |      |  |                  |  |             |  |                 |  |              |  |  |
| Signature   |     |      |  |                  |  |             |  |                 |  |              |  |  |
| <b><u>Note/Remark</u></b>   |     |      |  |                  |  |             |  |                 |  |              |  |  |

**Section B. Household composition and demographic characteristics, Education level**

For all usual members of the household unless any mention for special age.

| Person no. | Can you please give me the full names of all persons who are part of this household, starting with the head of the household? | What is your relationship to head of the household?<br><br>1= Head of household<br>2= Husband/Wife<br>3= Son / Daughter<br>4=brother/ sister<br>5= Daughter-in-law/ son-in-law<br>6=Grandchild<br>7= Niece/ Nephew<br>8=Parent/Parent-in-law<br>10=Other relative<br>11=Non-related | Are you male or female?<br><br>1= Male<br>2= Female | How old were you at your last birthday?<br><br><i>(Write 0 if less than one year of age)</i> | For age 5+   | For age 5+   |  | For age 14+   |   |
|------------|---|---|---|--|--|--|--|---|---|
|            |   |   |   |  | Can (NAME) read and write a short simple sentence with understanding in any language?<br><br>1=Yes<br>2=No | What is the highest level of education that you completed?<br><br>1=Never Attended<br>2=less than primary<br>3=Primary<br>4=Middle<br>5=High School<br>6= Under graduate diploma<br>7 =Bachelor degree and above | Are you currently attending school?<br><br>1=Yes<br>2=No | Have you successfully completed any technical/ vocational Course during the last 12 months?<br><br>1=Yes<br>2=Not completed<br>3= never attended <b>any</b> | What is your marital status?<br><br>1= Single/ never married<br>2= Married<br>3=Separated<br>4=Divorced<br>5= Widowed |
| B1         | B2  | B3  | B4  | B5   | B6   | B7   | B8   | B9  | B10   |
| 1          |   |   |   |  |  |  |  |   |   |
| 2          |   |   |   |  |  |  |  |   |   |
| 3          |   |   |   |  |  |  |  |   |   |
| 4          |   |   |   |  |  |  |  |   |   |
| 5          |   |   |   |  |  |  |  |   |   |
| 6          |   |   |   |  |  |  |  |   |   |
| 7          |   |   |   |  |  |  |  |   |   |
| 8          |   |   |   |  |  |  |  |   |   |
| 9          |   |   |   |  |  |  |  |   |   |
| 10         |   |   |   |  |  |  |  |   |   |

Note/Remark

## Section C. Identification of current activities and employment

For persons aged 5 years and above

| Person no. in B1 | Age (years) | Person number of the household member who provided answers | In the last week, that is from last (Monday) up to (Sunday), did you do any work for a wage, salary, commission, tips or any other pay even if only for one hour? | In the last week, did you run or do any kind of farming or other business, alone or with others, to generate income, even if only for one hour?<br><i>E.g.: growing produce or raising animals for sale, making things for sale, buying and reselling things, providing services for pay</i> | In the last week, did you help unpaid in a family business, even if only for one hour? | Was this work in agriculture or fishing, including forestry and livestock rearing? | In general, are the products obtained from this activity for sale/exchange or for family use? | In the last week, were you absent from a paid job or a business, including a family business, to which you will return?<br><i>(Waiting for a new job to start does not count as temporary absences.)</i> | Why were you absent from your work in the last week? | Including the time that you have been absent, will you return to that same work?<br><br><i>(See codes below)</i> | Do you continue receiving an income from your job during this absence? |
|------------------|-------------|--|---|--|--|--|---|--|--|--|--|
| B1               | B5          | C0   | C1  | C2   | C3   | C4   | C5  | C6   | C7   | C8   | C9   |
| 1                |             |  |   |  |  |  |   |  |  |  |  |
| 2                |             |  |   |  |  |  |   |  |  |  |  |
| 3                |             |  |   |  |  |  |   |  |  |  |  |
| 4                |             |  |   |  |  |  |   |  |  |  |  |
| 5                |             |  |   |  |  |  |   |  |  |  |  |
| 6                |             |  |   |  |  |  |   |  |  |  |  |
| 7                |             |  |   |  |  |  |   |  |  |  |  |
| 8                |             |  |   |  |  |  |   |  |  |  |  |
| 9                |             |  |   |  |  |  |   |  |  |  |  |
| 10               |             |  |   |  |  |  |   |  |  |  |  |

**C5 Code:**

- 1= Only for sale/exchange → D0
- 2= Mainly for sale/exchange → D0
- 3= Mainly for family use
- 4= Only for family use

**C7 Code:**

- 1= Shift work, flexi time, → D0
- 2= Holiday/vacation → D0
- 3= Sickness → D0
- 4= Maternity/paternity/annual leave → D0
- 5= Study or training
- 6= Other personal reasons (care for family, civic duties, ...)
- 7= Problems with transport, equipment, etc.
- 8= Bad weather
- 10= Temporary reduction in clients, work break
- 11= Strike or labour dispute
- 12= Long-term disability
- 13= Off season → G1
- 14= Waiting for new job → G1
- 99= Other reason (specify-----)

**C8 Code:**

- READ
- 1= Within 3 months or less → D0
- 2= After 3 months
- DO NOT READ
- 3= Not sure to return

**Section D: Characteristics of the current main job/business activity and income**

*For employed persons aged 5 years and above*

| Person no. in B1          | Age (years) | In the last week, did you have one or more jobs or businesses, even if you were temporarily absent?<br><br>1= Only 1 job/business<br>2= More than 1 job/business | IF D0=2 read: Thinking about the job/business in which you usually work the most hours...   |  |      |  | What kind of work do you usually do in your main job/business or what is your main occupation in this establishment or business?<br><br><i>Write the job title, if any</i><br><br><i>Examples: Farmer, trishaw puller, fisherman, primary school teacher, marketfood seller, tuition/coaching teacher</i> |  |      |  |  |
|---------------------------|-------------|--|---|--|------|--|---|--|------|--|--|
|                           |             |  | What is the main activity of your establishment or business where you worked?<br><br><i>Examples: Hotel accommodation, retail sell of groceries, custom tailoring of garments, growing rice, repair of electrical equipment</i><br><br><i>For domestic workers in private household, write "domestic service"; for household farming write "farm"</i> |  | ISIC |  | i) Occupational title/description<br>ii) Main tasks/duties  |  | ISCO |  |  |
| B1                        | B5          | D0   | D1  |  |      |  | D2  |  |      |  |  |
| 1                         |             |  |   |  |      |  |   |  |      |  |  |
| 2                         |             |  |   |  |      |  |   |  |      |  |  |
| 3                         |             |  |   |  |      |  |   |  |      |  |  |
| 4                         |             |  |   |  |      |  |   |  |      |  |  |
| 5                         |             |  |   |  |      |  |   |  |      |  |  |
| 6                         |             |  |   |  |      |  |   |  |      |  |  |
| 7                         |             |  |   |  |      |  |   |  |      |  |  |
| 8                         |             |  |   |  |      |  |   |  |      |  |  |
| 9                         |             |  |   |  |      |  |   |  |      |  |  |
| 10                        |             |  |   |  |      |  |   |  |      |  |  |
| <b><u>Note/Remark</u></b> |             |  |   |  |      |  |   |  |      |  |  |

| Person no. in B1          | Age (years) | Do you work in...<br>(READ)<br><br>1= Government/Public→D5<br>2= Cooperative→D5<br>3= Joint venture owned by national and foreign companies→D5<br>4= Joint venture owned by public and foreign company→D5<br>5= Joint venture owned by public and national company(s)→D5<br>6= Private, including household business owned by national(s)<br>7= Private, including household business owned by foreigner(s)<br>8= Private households (employing domestic workers)→D5<br>9= Other (specify---) | Is the business/ farm where you work registered with any national businesses regulatory authority?<br>(Record all that apply, <b>up to 3</b> )   |     |     | How long have you worked for this employer/ this business or activity?<br><br>1=less than 3 months<br>2=3 months to < 6 months<br>3=6 months to < 12 months<br>4=1 year to < 2 years<br>5=2 years to < 5 years<br>6=5 year to < 10 years<br>7=10 years or more |
|---------------------------|-------------|---|--|-----|-----|--|
|                           |             |   | <i>Registered:</i><br>1=Ministry of Planning and Finance<br>2=Ministry of Commerce<br>3=Ministry of Hotel & Tourism<br>4=Ministry of Health and Sport<br>5=City Development Committee<br>6= Other Line Ministry/ Committee/Organization) (specify)<br><br><i>Not registered:</i><br>7=No registration required<br>8 =In the process of registration<br>10 = Not registered<br>99 =Don't know |     |     |  |
| B1                        | B5          | D3  | D4a  | D4b | D4c | D5   |
| 1                         |             |   |  |     |     |  |
| 2                         |             |   |  |     |     |  |
| 3                         |             |   |  |     |     |  |
| 4                         |             |   |  |     |     |  |
| 5                         |             |   |  |     |     |  |
| 6                         |             |   |  |     |     |  |
| 7                         |             |   |  |     |     |  |
| 8                         |             |   |  |     |     |  |
| 9                         |             |   |  |     |     |  |
| 10                        |             |   |  |     |     |  |
| <b><u>Note/Remark</u></b> |             |   |  |     |     |  |

| Person no. in B1  | Age (years) | Where do you mainly undertake your work?<br><i>Code 6</i> | In this job are you...?<br><i>Employee</i><br>1=Permanent/regular Employee<br>2=Casual Employee<br>3=Paid apprentice/intern<br><i>Working as an...</i><br>4=Employer (with regular employees) →D21<br>5=Own-account worker (without regular employees)→D21<br>6=Helping without pay in a household / family business →D24 | Are you employed on the basis of a written contract or an oral agreement?<br><br>1=Written contract<br>2=Oral agreement<br>3=Don't know→D11 | Is the contract or agreement of...?<br><br>1=Limited duration / temporary<br>2=Unlimited duration / permanent →D11<br>3=Don't know →D11 | Why is the contract or agreement of limited duration/ temporary?<br><br><i>Code 10a.</i>   | What is the duration of your contract or agreement?<br><br><i>Code 10b.</i> | Does your employer pay contribution to pension or pay gratuity for you?<br><br><i>(Please see codes below)</i>  | Do you get paid annual leave?<br><br>1= Yes<br>2= No |  |
|---|-------------|---|---|---|---|--|---|---|--|--|
| B1  | B5          | D6  | D7  | D8  | D9  | D10.a  | D10.b   | D11   | D12  |  |
| 1   |             |   |   |   |   |  |   |   |  |  |
| 2   |             |   |   |   |   |  |   |   |  |  |
| 3   |             |   |   |   |   |  |   |   |  |  |
| 4   |             |   |   |   |   |  |   |   |  |  |
| 5   |             |   |   |   |   |  |   |   |  |  |
| 6   |             |   |   |   |   |  |   |   |  |  |
| 7   |             |   |   |   |   |  |   |   |  |  |
| 8   |             |   |   |   |   |  |   |   |  |  |
| 9   |             |   |   |   |   |  |   |   |  |  |
| 10  |             |   |   |   |   |  |   |   |  |  |
| <u>D6 Code:</u><br>1=Inside your home<br>2=Work space next to/in front of home<br><br><i>Away from home</i><br>3=Private house of employer/client<br>4=At fixed location with permanent structure<br>5=At fixed location with temporary structure/kiosk/stall<br>6=At fixed location but without any structure<br>7=Without fixed location (street vendors, etc.)<br>8=Farm, agricultural plot, sea, river, construction sites<br>9=Other ( specify-- ) |             |   | <u>D10a Code:</u><br>1= On-the job training, internship<br>2= Probation period<br>3= Seasonal work<br>4= Occasional/ <b>casual</b> / daily work<br>5= Public employment programme<br>6= Work for a service or specific task<br>7= <b>Short-/Fixed-term contract</b><br>9= Other (specify)                                 |   |   | <u>D10b Code:</u><br>1= Daily agreements<br>2= More than 1 day but less than 1 month<br>3= One month to less than 3 months<br>4= Three months to less than 6 months<br>5= 6 months to less than 12 months<br>9= <b>Other (Specify)</b> |   | <u>D11 Code:</u><br><i>Yes</i><br>1=Civil / Military Service Pension Scheme<br>2=Other non-contributory pension scheme including lump sum retirement benefit<br>3=Contributory pension scheme incl. lump sum retirement benefit<br>4=No<br>5=Don't know |  |  |

| Person no. in B1 | Age (years) | Do you get paid sick leave in case of illness, injury or maternity?  | Do you get medical benefits (medical and financial benefit for unfit, maternal and injury at work) from your employer? | The last time when you were paid in this job, did you receive...  | The last time you were paid, how much did you receive? |                            |              | What period did this payment cover?                          | How many days did you work in your job during that payment period? |
|------------------|-------------|--|--|---|--|----------------------------|--------------|--|--|
|                  |             | Yes<br>1= Illness/ injury only<br>2= Maternal/ paternal benefits only<br>3= Both illness/injury & maternal/paternal benefits<br>4= No<br>5= Don't know | 1= From social security scheme<br>2= Employer directly provide<br>3= No<br>4= Don't know                               | 1= Only cash pay<br>2= Only products, housing, food, etc.<br>3= Both cash pay and products, housing, etc. | Only cash (Kyat)                                       | Only products, etc. (Kyat) | Total (Kyat) | 1= One day →D19<br>2= One month<br>9= Other period (specify) |  |
| B1               | B5          | D13  | D14  | D15   | D16a   | D16b                       | D16c         | D17  | D18  |
| 1                |             |  |  |   |  |                            |              |  |  |
| 2                |             |  |  |   |  |                            |              |  |  |
| 3                |             |  |  |   |  |                            |              |  |  |
| 4                |             |  |  |   |  |                            |              |  |  |
| 5                |             |  |  |   |  |                            |              |  |  |
| 6                |             |  |  |   |  |                            |              |  |  |
| 7                |             |  |  |   |  |                            |              |  |  |
| 8                |             |  |  |   |  |                            |              |  |  |
| 9                |             |  |  |   |  |                            |              |  |  |
| 10               |             |  |  |   |  |                            |              |  |  |

**Note/Remark**

| Person no. in B1 | Age (years) | Does <b>the</b> employer provide you with free or subsidized...?<br>If all the responses from D19a to D19e are 2, Please go to→ D24 |                                       |   |   |                           | During the last month, if you had to pay for these goods and services received, how much would it cost <b>you</b> ?<br>(Kyat)<br><br><b>ALL →D24</b> | During the last month, how much did you earn in your main business activity?<br>(Kyat) | During the last month, did you take any products from your main business or activity for the household's own use?<br><br>1= Yes<br>2= No→D24 | If you had to pay for those goods, how much would it cost you?<br>(Kyat) |
|------------------|-------------|---|---------------------------------------|---|---|---------------------------|--|--|--|--|
|                  |             | Housing (House/apartment/hostel)<br>1= Yes<br>2= No   | Food and/or drinks<br>1= Yes<br>2= No | Transport (vehicle, fuel, bus ticket, ferry)<br>1= Yes<br>2= No | Clothing (other than uniforms)<br>1= Yes<br>2= No | Others<br>1= Yes<br>2= No |  |  |  |  |
| <b>B1</b>        | <b>B5</b>   | <b>D19a</b>   | <b>D19b</b>                           | <b>D19c</b>   | <b>D19d</b>                                       | <b>D19e</b>               | <b>D20</b>   | <b>D21</b>   | <b>D22</b>   | <b>D23</b>   |
| 1                |             |   |                                       |   |   |                           |  |  |  |  |
| 2                |             |   |                                       |   |   |                           |  |  |  |  |
| 3                |             |   |                                       |   |   |                           |  |  |  |  |
| 4                |             |   |                                       |   |   |                           |  |  |  |  |
| 5                |             |   |                                       |   |   |                           |  |  |  |  |
| 6                |             |   |                                       |   |   |                           |  |  |  |  |
| 7                |             |   |                                       |   |   |                           |  |  |  |  |
| 8                |             |   |                                       |   |   |                           |  |  |  |  |
| 9                |             |   |                                       |   |   |                           |  |  |  |  |
| 10               |             |   |                                       |   |   |                           |  |  |  |  |

**Note/Remark**

| Person no. in B1          | Age (years) | How many days did you work in the last month in this main job or business? | How many hours did you actually work in the last week in this main job or business? | How many hours do you usually work in a week in this main job or business? | For employed persons age 5-17  |   |  |
|---------------------------|-------------|--|---|--|--|---|--|
|                           |             |  |   |  | During the last week when did you usually work in your main job?<br><br>1=early morning (from 3 am)<br>2=during the day (6am-6pm)<br>3=In the evening/night(after 6pm)<br>4= During the day and evening/ <b>night</b><br>5=On the week-end<br>6=Sometimes during the day, sometimes in the evening | In your working environment, are you exposed to dust, fumes, fire, gas, flames, loud noise or vibration, extreme cold or heat, dangerous tools(knives etc.), work underground, work at heights, work in water/lake/ sea/ river, workplace too dark or confined, insufficient, ventilation, chemicals (pesticides, glues, etc.), explosives, other things (lifting weights etc.)?<br><br>1=Yes<br>2=No | In your working environment, are you subjected to the following treatments at work or by customers:<br><br>Constantly shouted at, repeatedly insulted, beaten, physically hurt, touched or done things to you that you do not want and others?<br><br>1=Yes.<br>2=No |
| B1                        | B5          | D24  | D25   | D26  | D27  | D28   | D29  |
| 1                         |             |  |   |  |  |   |  |
| 2                         |             |  |   |  |  |   |  |
| 3                         |             |  |   |  |  |   |  |
| 4                         |             |  |   |  |  |   |  |
| 5                         |             |  |   |  |  |   |  |
| 6                         |             |  |   |  |  |   |  |
| 7                         |             |  |   |  |  |   |  |
| 8                         |             |  |   |  |  |   |  |
| 9                         |             |  |   |  |  |   |  |
| 10                        |             |  |   |  |  |   |  |
| <b><u>Note/Remark</u></b> |             |  |   |  |  |   |  |

**Section E: Characteristics of the secondary job / business activity in the last 7 days**

*For employed persons aged 14 years and above*

| Person no. in B1 | Age (years) | <u>Interviewer. CHECK DO:</u><br><br>Can I confirm that you had another job/ business in the last 7 days?<br><br>1= Yes<br>2= No →F3 | Considering your second job/ business, what is the activity of your establishment or business in this job?<br><br><u>Interviewer:</u><br>Write the activity below above boxes<br><br>ISIC | What is your work/ occupation in this job?<br><br><u>Interviewer:</u><br>Write the occupation below above boxes<br><br>ISCO | In this job/ activity are you.....?<br><br>Code 4 | How many days did you work in the last month in this job? | How many hours did you actually work in the last week in this job? | How many hours do you usually work in a week in this job? |
|------------------|-------------|--|---|---|---|---|--|---|
| B1               | B5          | E1   | E2  | E3  | E4  | E5  | E6   | E7  |
| 1                |             |  |   |   |   |   |  |   |
| 2                |             |  |   |   |   |   |  |   |
| 3                |             |  |   |   |   |   |  |   |
| 4                |             |  |   |   |   |   |  |   |
| 5                |             |  |   |   |   |   |  |   |
| 6                |             |  |   |   |   |   |  |   |
| 7                |             |  |   |   |   |   |  |   |
| 8                |             |  |   |   |   |   |  |   |
| 9                |             |  |   |   |   |   |  |   |
| 10               |             |  |   |   |   |   |  |   |

E4 Code:

Employee

1= Permanent/ regular Employee

2= Casual Employee

3= Paid apprentice/ intern

Working as an...

4= Employer (with regular employees)

5= Own-account worker (without regular employees)

6= Helping without pay in a household / family business

**Note/Remark**

## Section F. Underemployment

For employed persons aged 14 years and above

| Person no. in B1 | Age (years) | Do you have any other paid job or business in addition to your main and secondary job/business?<br>1= Yes<br>2= No→F3 | How many hours do you usually work in a week in all other jobs or businesses? | Would you want to work more hours than you usually work, provided the additional hours are paid?<br>1= Yes<br>2= No→F5 | If an opportunity for additional work became available, could you start working more hours within the next 30 days?<br>1= Yes<br>2= No | To what extent are you satisfied with your main job?<br>1= Very satisfied<br>2= Somewhat satisfied<br>3= Mutual<br>4= Somewhat unsatisfied<br>5= Very unsatisfied | Would you like to change your current employment situation?<br>1= Yes<br>2= No →END | Why would you like to change your employment situation?<br><br>Code 7<br>→END |
|------------------|-------------|---|---|--|--|---|---|---|
| B1               | B5          | F1  | F2  | F3   | F4   | F5  | F6  | F7  |
| 1                |             |   |   |  |  |   |   |   |
| 2                |             |   |   |  |  |   |   |   |
| 3                |             |   |   |  |  |   |   |   |
| 4                |             |   |   |  |  |   |   |   |
| 5                |             |   |   |  |  |   |   |   |
| 6                |             |   |   |  |  |   |   |   |
| 7                |             |   |   |  |  |   |   |   |
| 8                |             |   |   |  |  |   |   |   |
| 9                |             |   |   |  |  |   |   |   |
| 10               |             |   |   |  |  |   |   |   |

F7 Code:

- 1= Present job is temporary/short term
- 2= Wage/ salary in present job is low
- 3= To make better use of skills
- 4= To work more hours
- 5= To commute to work place is not convenient
- 6= To change location of workplace
- 7= To have job security
- 8= To work fewer hours
- 10= To improve working conditions
- 99= Other (specify)

**Note/Remark**

