

Form LF1
7/2003

Form ____ of ____

**GOVERNMENT OF PAKISTAN
FEDERAL BUREAU OF STATISTICS
LABOUR FORCE SURVEY Year 2003-04**

Survey Period:	Code
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Section 1: Identification		Processing Code											
1. Province:			8. Address:										
2. District:			9. Serial number of household:										
3. Tehsil/Taluka:			10. Name of head of household:										
4. City Town:			11. Father's name:										
5. Mouza/Deh/Village:			12. Respondent's name:										
6. Enumeration Block Code:													
7. Locality:			13. Respondent's Sex: 1=male, 2=female										
			14. Respondent's relation to head of household: 1=head of household: 2=other member of household 3=others										

Section 2: Field Operations						
Items	Date	Name		Designation		Signature
(1)	(2)	(3)	Code	(4)	Code	(5)
1. Survey						
2. Inspection (i) (ii)						
3. Checking/editing in the Regional/Field Offices						
4. Despatch to Headquarters						
5. Receipt at Headquarters						

Section 3: Editing/ Coding at Headquarter						
Item	Date	Name		Designation		Signature
(1)	(2)	(3)	Code	(4)	Code	(5)
1. Editing / Coding by staff						
2. Checking by officer (i) (ii)						
3. Despatch to D. P. Section						

Section 4: Household Composition and Demographic Information

Sl. No.	Names of household members who usually live here. Do not list guests, visitors, etc. (List members according to sequence given in col. 3)	Relation to Head	Present		Age	Marital Status	ALL PERSONS 5 YEARS	
			Status	Sex			Literacy	Educational Level
		1. Head 2. Spouse 3. Son/ daughter (unmarried) 4. Son/ daughter (married) 5. Father/ mother 6. Brother/ sister 7. Other relative 8. Servant 9. Non-relative	1. Present 2. Temporarily absent	1. Male 2. Female	In completed years	1. Never married 2. Married 3. Widow/ widower 4. Divorced	Can read and write with understanding in any language? 1. Yes. 2. No.	01. No formal education 02. K.G., Nursery 03. K.G but below primary 04. Primary but below middle 05. Middle but below matric 06. Matric but below intermediate 07. Inter. but below degree 08. Degree in engineering 09. Degree in medicine 10. Degree in computer 11. Degree in agriculture 12. Degree in other subjects 13. M.A/ M.Sc 14. M. Phil/ Ph.D
(1)	(2)	Code (3)	Code (4)	Code (5)	(6)	Code (7)	Code (8)	Code (9)
1		1						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

AND ABOVE										
ALL PERSONS 10 YEARS AND ABOVE										
Current Enrollment	Technical/Vocational Training			Migration						
01 – Currently not enrolled 02 – K.G., nursery 03 – Primary 04 – Middle 05 – Matric 06 – Intermediate 07 – Graduation in engineering 08 – Graduation in medicine 09 – Graduation in agriculture 10 – Graduation in computer 11 – Graduation in other subjects 12 – M.A/ M.Sc 13 – M.Phil/ Ph.D	Has ever completed any technical/vocational training such as auto or engine mechanics, carpentry, typing, computer etc.			How long has been living in this district? 1. Since birth (Go to next person) 2. Less than one year 3. 1-4 years 4. 5-9 years 5. 10 years & above	Previous district of residence before moving here. (Give name of the district. If abroad give name of the country)	Previous residence was located in 1. Rural 2. Urban	Main reason for migration. 1. Job transfer 2. Finding a job 3. Education 4. Business 5. Health 6. Marriage 7. With parents 8. With spouse 9. With son/ daughter 10. Returned to his home 11. Other			
	1 – Yes	If YES, describe the type of training.		Code (13)	(14)	Code	Code (15)	Code (16)		
code (10)	code (11)	(12)	code	Code (13)	(14)	Code	Code (15)	Code (16)		

Section 5: CURRENT ACTIVITY

(All persons 10 years and above)

S. No.:	Name:
(Tick the correct entry only for each question)	
<p>1. Did do any work for pay, profit, or family gain during last week, at least for one hour on any day?</p> <p>1. <input type="checkbox"/> Yes (Skip to Q. 7)</p> <p>2. <input type="checkbox"/> No</p> <p><u>NOTE:</u> Work Includes:</p> <p>a) the production and processing of primary products whether for market, barter or own consumption:</p> <p>b) the production of all other goods and services for the market and, in the case of households producing such goods and services, the corresponding production for own consumption:</p> <p>c) Own account construction.</p>	<p>4. Why did not work last week ?</p> <p>1. <input type="checkbox"/> Illness or injury</p> <p>2. <input type="checkbox"/> Strike or lockout</p> <p>3. <input type="checkbox"/> Holiday, Ramzan, vacation or leave of absence</p> <p>4. <input type="checkbox"/> Off-season Inactivity</p> <p>5. <input type="checkbox"/> Due to bad weather</p> <p>6. <input type="checkbox"/> Due to mechanical breakdown</p> <p>7. <input type="checkbox"/> Due to shortage of raw material</p> <p>8. <input type="checkbox"/> Educational and training leave</p> <p>9. <input type="checkbox"/> Maternity or parental leave</p> <p>10. <input type="checkbox"/> Other reasons i.e. reductions in economic activity such as: lower production due to less demand; or shortage of irrigation water; or load shedding (gas or electricity) (specify) _____</p> <p>11. <input type="checkbox"/> Other voluntary or personal reason, e.g. religious or social activities of attended political gathering, etc. (specify) _____</p> <p>12. <input type="checkbox"/> Other involuntary reasons (law and order situation, etc.) (Specify) _____</p>
<p>2. Even if did not work last week for some Reason, did have a job or enterprise such as a shop, business, farm or service establishment (fixed or mobile)?</p> <p>1. <input type="checkbox"/> YES, a job. (Skip to Q. 4)</p> <p>2. <input type="checkbox"/> YES, an enterprise such as a shop, business, farm or service establishment (fixed or mobile) (Skip to Q. 4)</p> <p>3. <input type="checkbox"/> NO, but plans to take a job within a month. (Skip to Q. 42)</p> <p>4. <input type="checkbox"/> NO.</p>	
<p>3. Did help to work for family gain in a family business or family farm during last week?</p> <p>1. <input type="checkbox"/> Yes. (Skip to Q. 7)</p> <p>2. <input type="checkbox"/> No. (Skip to Q. 42)</p>	<p>5. How long has been continuously absent from that job or enterprise such as a shop, business, farm or service establishment (fixed or mobile)?</p> <p>1. <input type="checkbox"/> Less than a month give No. of day _____</p> <p>2. <input type="checkbox"/> A month or more</p>

<p>6. What kind of attachment does have to that job or enterprise?</p> <p>1. <input type="checkbox"/> Own enterprise such as shop, business, farm or service establishment (fixed or mobile).</p> <p>2. <input type="checkbox"/> Payment for duration of absence.</p> <p>3. <input type="checkbox"/> Assurance of agreement on return to work.</p> <p>4. <input type="checkbox"/> Other form of attachment such as profit sharing, etc.</p>		<p>7. <input type="checkbox"/> Own account worker agriculture (Skip to Q.15)</p> <p>8. <input type="checkbox"/> Owner cultivator (Skip to Q.15)</p> <p>9. <input type="checkbox"/> Share cropper (Skip to Q.15)</p> <p>10. <input type="checkbox"/> Contract cultivator (Skip to Q.15)</p> <p>11. <input type="checkbox"/> Unpaid family worker agriculture (Skip to Q.15)</p> <p>12. <input type="checkbox"/> Unpaid family worker (non – agri.)</p> <p>13. <input type="checkbox"/> Other, such as a member of a producer’s cooperative, etc.</p>	
<p>7. What was main occupation, e.g. what was the nature of work that did?</p> <p>.....</p> <p>.....</p>		<p>10. What kind of enterprise?</p> <p>1. <input type="checkbox"/> Federal Govt. (Skip to Q.15)</p> <p>2. <input type="checkbox"/> Provincial Govt. (Skip to Q.15)</p> <p>3. <input type="checkbox"/> Local body Govt. (Skip to Q.15)</p> <p>4. <input type="checkbox"/> Public enterprise (Corporation by act of national or provincial assembly) (Skip to Q.15)</p> <p>5. <input type="checkbox"/> Private limited company (Skip to Q.15)</p> <p>6. <input type="checkbox"/> Public limited company (Skip to Q.15)</p> <p>7. <input type="checkbox"/> Cooperative society (Skip to Q.15)</p> <p>8. <input type="checkbox"/> Individual ownership</p> <p>9. <input type="checkbox"/> Partnership</p> <p>10. <input type="checkbox"/> Other (Specify) _____</p>	
<p>8. What was the nature of work done by the enterprise such as shop, business, farm, service establishment (fixed or mobile), office/ institution where worked ?</p> <p>.....</p> <p>.....</p>			
<p>9. What was employment status? (Read all the options to the respondent)</p> <p>1. <input type="checkbox"/> Regular paid employee with fixed wage?</p> <p>2. <input type="checkbox"/> Casual paid employee</p> <p>3. <input type="checkbox"/> Paid worker by piece rate or work performed</p> <p>4. <input type="checkbox"/> Paid non-family apprentice</p> <p>5. <input type="checkbox"/> Employer</p> <p>6. <input type="checkbox"/> Own account worker (non – agri)</p> <p>(Continued in next column)</p>		<p>11. Does the enterprise keep written accounts?</p> <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p> <p>3. <input type="checkbox"/> Don’t know</p>	

<p>12. How many persons are engaged in the enterprise (including working proprietors, unpaid family workers, paid employers)?</p> <p>1. <input type="checkbox"/> Number of persons upto 5 2. <input type="checkbox"/> 6 to 9 3. <input type="checkbox"/> 10 to 20 4. <input type="checkbox"/> More than 20</p>		<p>18. What was the nature of activities....did one year ago?</p> <p>1. <input type="checkbox"/> Same job 2. <input type="checkbox"/> Other job in same enterprise 3. <input type="checkbox"/> Employee in other enterprise 4. <input type="checkbox"/> Own account worker in the same kind of activity. 5. <input type="checkbox"/> Own account working in other kind of activity. 6. <input type="checkbox"/> Not working. 7. <input type="checkbox"/> Don't know.</p>	
<p>13. Are there any regular paid employees in the enterprise ?</p> <p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>		<p>19. How many hours did work each day during the last week at his/her <u>main occupation and any subsidiary occupation</u>?</p> <p>In case did not work on any particular day code:</p>	<p>Total</p>
<p>14. If yes in Q. 13, then</p> <p>1. No. of Males..... 2. No. of Females.....</p>	<p>14.1 14.2</p>		
<p>15. Where did carry out the work? (Read all the options to the respondent)</p> <p>1. <input type="checkbox"/> At his/her own dwelling 2. <input type="checkbox"/> At family or friends dwelling 3. <input type="checkbox"/> At the employer's house 4. <input type="checkbox"/> On the street/road 5. <input type="checkbox"/> On country side 6. <input type="checkbox"/> In a shop, business, office or industry 7. <input type="checkbox"/> Other: _____ (Specify)</p>		<p>(19.1) A – If had a job or enterprise on that day: Saturday:.... Sunday</p> <p>(19.2) B – If had no job or enterprise on that particular day but <u>available</u> for work: Monday Tuesday</p> <p>(19.3) C – If had no job or enterprise on that particular day and <u>not available</u> for work Wednesday Thursday Friday</p> <p>Total</p>	<p>19.1 19.2 19.3</p>
<p>16. What was the location of the enterprise?</p> <p>1. <input type="checkbox"/> Urban 2. <input type="checkbox"/> Rural</p>			
<p>17. In addition to the main occupation, did also work in any subsidiary occupation last week?</p> <p>1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO</p>		<p>Note: If total is nil (did not Work last week) or If total is 35 or more, skip to Q. 21.</p>	

SECTION 6: UNDEREMPLOYMENT

20. Why did work less than 35 hours during last week?

- 1. Normally works the same number of hours
- 2. Illness or injury
- 3. Holiday, Ramzan, vacation or leave of absence
- 4. Strike
- 5. Mechanical or electrical breakdown
- 6. Shortage of raw materials or fuel
- 7. Lockout, lay-off
- 8. Bad weather, off - season
- 9. Other voluntary or personal reasons, e. g. religious or social activities or attended political gathering , etc. _____
(Specify)
- 10. Other involuntary reasons law & order situation , etc. _____
(Specify)
- 11. Educational and training leave
- 12. Maternity or parental leave
- 13. Other i.e. reduction in economic activity such as: lower production due to less demand; or shortage of irrigation water; or load shedding (gas or electricity) _____
(Specify)

21. Wasavailable for additional work?

- 1. YES
- 2. NO

22. Did seek any alternative work last week?

- 1. YES
- 2. NO

SECTION 7: FOR PAID EMPLOYEES ONLY

For persons who were given codes 1 – 4 in Q.9.

For persons having codes 5 – 13 in Q.9, (Go to Q.27)

23. At main work, what is the periodicity of payment?

- 1. Daily
- 2. Weekly
- 3. Fortnightly (Skip to Q.25)
- 4. Monthly (Skip to Q.25)
- 5. Other periodicity: _____
Specify
- 6. Piece rate basis for service performed
- 7. Other: _____
(Specify)

24. How much money did earn from the main work last week?

- Cash Rs. _____
- Kind (including free or subsidised housing, transport etc. give market value) in Rs. _____ (Skip to Q.26)

25. How much money did earn from the main work last month?

- Cash Rs. _____
- Kind (including free or subsidised housing, transport etc. give market value) in Rs. _____

26. How much money did receive last year in bonuses? (i.e amount in addition to his usual pay, remuneration etc.)?. (whether annually, quarterly or adhoc basis, calculate for the year)

- Rs. _____
- None.

SECTION 8: OCCUPATIONAL INJURIES/DISEASES (ALL EMPLOYED PERSONS)	
<p>27. In the past 12 months, have ... received one or more occupational injuries/diseases that caused you to take time off work and/or consult a doctor?</p> <p>1. <input type="checkbox"/> Only one 2. <input type="checkbox"/> More than one: specify how many..... 3. <input type="checkbox"/> None (Skip to Q.38)</p>	<p>14. <input type="checkbox"/> Effects of radiation 15. <input type="checkbox"/> Multiple injuries of different nature 16. <input type="checkbox"/> Other injuries; specify</p>
Questions 28 to 37 should be repeated of the separate occupation injury/disease noted in question 27.	
<p>28. Did receive treatment for your injury/disease or have to take any time off work because of it? (Please include any time off work no matter how short it was.)</p> <p>1. <input type="checkbox"/> Hospitalised 2. <input type="checkbox"/> Consulted a doctor, nurse or other medical professional 3. <input type="checkbox"/> Took time off work 4. <input type="checkbox"/> None</p>	<p>17. <input type="checkbox"/> Primary epitheliomatous cancer of the skin 18. <input type="checkbox"/> Pulmonary oedema 19. <input type="checkbox"/> Dermatitis 20. <input type="checkbox"/> Radiodermatitis (Erythema, hyperpigmentation or oedema of the skin with or without alopecia) 21. <input type="checkbox"/> Atrophy of the fingers or nails 22. <input type="checkbox"/> Disorder related to ergonomics (Musculoskeletal disorder, eyestrain/ vision impairment etc.) 23. <input type="checkbox"/> Hearing impairment/loss 24. <input type="checkbox"/> Other disease (specify).....</p>
<p>29. What part of..... body injured?</p> <p>1. <input type="checkbox"/> Head 2. <input type="checkbox"/> Neck 3. <input type="checkbox"/> Trunk 4. <input type="checkbox"/> Upper limb 5. <input type="checkbox"/> Lower limb 6. <input type="checkbox"/> Multiple locations 7. <input type="checkbox"/> General injuries (circulatory, respiratory, digestive or nervous system, etc.)</p>	<p>31. What was the unsafe act that caused the accident/disease?</p> <p>1. <input type="checkbox"/> Operating without authority. 2. <input type="checkbox"/> Excess speed. 3. <input type="checkbox"/> Horse play 4. <input type="checkbox"/> Defeating safety devices. 5. <input type="checkbox"/> Using unsafe equipment or equipment unsafely 6. <input type="checkbox"/> Taking unsafe position. 7. <input type="checkbox"/> Disobeying instruction. 8. <input type="checkbox"/> Failure to use the provided personal protective equipment. 9. <input type="checkbox"/> Unsafe loading or stacking. 10. <input type="checkbox"/> Wrong order of supervisor (specify what and by whom) 11. <input type="checkbox"/> Unsafe act by fellow employee (specify what and by whom) 12. <input type="checkbox"/> Unsafe act of outsider (specify what and by whom) 13. <input type="checkbox"/> Other (specify)</p>
<p>30. What was the type of injury/diseasesuffered?</p> <p>1. <input type="checkbox"/> Fracture (broken bone) 2. <input type="checkbox"/> Dislocation 3. <input type="checkbox"/> Sprain or strain 4. <input type="checkbox"/> Concussion or other internal injury 5. <input type="checkbox"/> Amputation 6. <input type="checkbox"/> Other wound (laceration, cut, etc.) 7. <input type="checkbox"/> Superficial (abrasions, scratches, blisters, insect bites, etc) 8. <input type="checkbox"/> Contusion or crushing 9. <input type="checkbox"/> Burn (burn, scald, friction burn, radiation burn) 10. <input type="checkbox"/> Acute poisoning (by injection, ingestion, swallowing or inhalati) 11. <input type="checkbox"/> Effects of weather, exposure or related condition (heatstroke, effects of high altitudes, etc.) 12. <input type="checkbox"/> Asphyxia (lack of oxygen) 13. <input type="checkbox"/> Effects of electric current (electrocution, electric shock, burns, etc)</p>	<p>32. What were the unsafe conditions causing the accident/disease?</p> <p>1. <input type="checkbox"/> Unguarded or inadequately guarded. 2. <input type="checkbox"/> Defective tool, equipment or material. 3. <input type="checkbox"/> Unsafe design or construction. 4. <input type="checkbox"/> Poor illumination. 5. <input type="checkbox"/> Inadequate ventilation. 6. <input type="checkbox"/> Improper clothing and footwear. 7. <input type="checkbox"/> Non-provision of necessary protection equipment. 8. <input type="checkbox"/> Poor house keeping. 9. <input type="checkbox"/> Slippery surfaces. 10. <input type="checkbox"/> Other (specify)</p>

<p>33. What was the type of accident?</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Falls of (person) 2. <input type="checkbox"/> Falling objects. 3. <input type="checkbox"/> Stepping on, strike against or struck by objects excluding falling objects. 4. <input type="checkbox"/> Electricity 5. <input type="checkbox"/> Poison, corrosive and harmful substances, <input type="checkbox"/> Including radiation 6. <input type="checkbox"/> Explosion. 7. <input type="checkbox"/> Fire. 8. <input type="checkbox"/> Irruption of water. 9. <input type="checkbox"/> Suffocation by gases. 10. <input type="checkbox"/> Any other type (specify e.g. over exertion/ strenuous movement etc.) 		<p>37. Did report the injury/disease to any one in-charge at work?</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 	
<p>SECTION 9: QUESTIONS TO BE ADDRESSED TO HEAD OF HOUSEHOLD OR HIS/HER PROXY</p>			
<p>34. How soon were able to go back to work/resume normal activities after the accident/ disease?</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Still not at work/have not resumed normal activities 2. <input type="checkbox"/> Will never be able to go back to work/resume normal activities 3. <input type="checkbox"/> On the same day as the accident/disease 4. <input type="checkbox"/> On the first day after the accident/disease 5. <input type="checkbox"/> On the second day after the accident/disease 6. <input type="checkbox"/> 3 to 7 days after the accident/disease. 7. <input type="checkbox"/> 8 to 15 days after the accident/disease. 8. <input type="checkbox"/> 16 to 22 days after the accident/disease. 9. <input type="checkbox"/> 23 days to 1 month after the accident/disease 10. <input type="checkbox"/> 2 to 4 months after the accident/disease. 11. <input type="checkbox"/> 5 to 7 months after the accident/disease. 12. <input type="checkbox"/> 8 to 12 months after the accident/disease. 13. <input type="checkbox"/> More than 12 months after the accident/disease. 14. <input type="checkbox"/> Don't know 		<p>38. Has anyone in this household died in the past 12 months following an occupational accident or as a result of an occupational disease?</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (This interview is terminated, ask the next person) 	
<p>35. What was the time of the accident?</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> In the morning 2. <input type="checkbox"/> In the afternoon. 		<p>39. If YES in Q38 , then what was the nature of death?</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Occupational accident 2. <input type="checkbox"/> Occupational disease 	
<p>36. When did the occupational accident/disease happen?</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Month (01 to 12) 2. <input type="checkbox"/> Year (2000 or 2001) 		<p>40. If 'Yes' in Q.38, then what was the main occupation of that person at the time of accident/disease?</p> <p>_____</p> <p>_____</p>	
		<p>41. If 'Yes' in Q.38, then what was the nature of work done by the enterprise such as shop, business, firm, service establishment (fixed or mobile), office / institution where worked?</p> <p>_____</p> <p>_____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>This interview is completed go to next person.</p> </div>	

Section 10: UNEMPLOYMENT

42. Was available for work during the last week?
(Read all the options and mark the appropriate one)

- 1. Within this household only
- 2. Within this village/town/city only
- 3. Anywhere in this District
- 4. Anywhere in this Province
- 5. Anywhere in Pakistan
- 6. Not available (Skip to Q.55)

47. What type of work would be available for? (Read all the options to the respondent and mark the preferred one)

- 1. Full – time paid employment with government
- 2. Full – time paid employment with private business/ industry
- 3. Part – time paid employment
- 4. Self employment given the necessary resources & facilities
- 5. Other type of employment such as on commission, contract employment, daily wages, etc.

44. When was the last time that was seeking work?

- 1. During the last week
- 2. 1 to 4 weeks ago
- 3. 1 to 2 months ago
- 4. 3 to 6 months ago
- 5. 7 to 12 months ago
- 6. More than 1 year ago
(Skip to Q.47)
- 7. Never has sought work
(Skip to Q.47)

45. How long has been seeking work?

- 1. less than a month
- 2. 1 to 2 months
(Continued in next column)

- 3. 3 to 6 months
- 4. 7 to 12 months
- 5. more than 1 year

46. What steps has taken during the last year in search of work?
(Read all options and mark all mentioned by the respondent, more than one answers acceptable)

- 1. Applied to prospective employer
- 2. Checked at worksites, farms, factories, markets, etc.
- 3. Applied for permit or license to set up own enterprise such as a shop, business, farm, or service establishment (fixed or mobile)
- 4. Looked for land, building, machinery or equipment for setting up own enterprise such as shop, business, farm, or service establishment (fixed or mobile)
- 5. Sought assistance from friends or relatives
- 6. Placed or answered advertisements
- 7. Registered with Government employment agency
- 8. Registered with private employment agency
- 9. Arranged for financial resources
- 10. Applied for loan/credit
- 11. Other: _____
(Specify)
- 12. No specific step
- 13. Unknown

47. Would be willing to

- 1. Only work for wage or salary on locally prevailing terms consistent with qualifications and experience

or
- 2. take any job on any terms or conditions?

<p>48. Has ever worked in</p> <ol style="list-style-type: none"> a job or business a farm or by fishing other household economics activities (collecting wood, milling/ grinding food, etc.) <ol style="list-style-type: none"> <input type="checkbox"/> Yes (Ask Q.33) <input type="checkbox"/> No (This interview is completed go to the next person) 		<p>10. <input type="checkbox"/> Contract cultivator</p> <p>11. <input type="checkbox"/> Unpaid family worker</p> <p>12. <input type="checkbox"/> Unpaid family worker (non-agri)</p> <p>13. <input type="checkbox"/> Other, such as a member of a producer's cooperative, etc.</p>	
<p>49. Did work in the last 12 months?</p> <ol style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 		<p>54. What was the kind of enterprise?</p> <ol style="list-style-type: none"> <input type="checkbox"/> Federal Govt. <input type="checkbox"/> Provincial Govt. <input type="checkbox"/> Local body Govt. <input type="checkbox"/> Public enterprise (Corporation by act of national or provincial assembly) <input type="checkbox"/> Private limited company <input type="checkbox"/> Public limited company <input type="checkbox"/> Cooperative society <input type="checkbox"/> Individual ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify) _____ 	
<p>50. What was occupation, in other words, what was the nature of work Previously did?</p> <p>.....</p> <p>.....</p>		<p>55. Why was not available for work? (Read all the options to the respondent)</p> <ol style="list-style-type: none"> <input type="checkbox"/> Illness <input type="checkbox"/> Will take a job within a month <input type="checkbox"/> Temporally laid off <input type="checkbox"/> Apprentice and not willing to work <input type="checkbox"/> Student and not willing to work <input type="checkbox"/> Housekeeping and not willing to work (Go to Q.56) <input type="checkbox"/> Retired and not willing to work <input type="checkbox"/> Agricultural landlord/ property owner and not willing to work <input type="checkbox"/> Too young to work <input type="checkbox"/> Too old to work <input type="checkbox"/> Unable to work/handicapped <input type="checkbox"/> Other reason: _____ (Specify) 	
<p>51. What was the nature of work done by the enterprise such as shop, business, farm, service establishment (fixed or mobile), office/institution where previously worked?</p> <p>.....</p> <p>.....</p>		<p>52. For how many years has been doing this sort of work?</p> <ol style="list-style-type: none"> <input type="checkbox"/> Less than one year <input type="checkbox"/> One year but less than 5 years <input type="checkbox"/> Five years but less than 10 years <input type="checkbox"/> Ten years or more 	
<p>53. What was employment status? (Read all the options to the respondent).</p> <ol style="list-style-type: none"> <input type="checkbox"/> Regular paid employee with fixed wage <input type="checkbox"/> Casual paid employee <input type="checkbox"/> Paid worker by piece rate or work performed <input type="checkbox"/> Paid non-family apprentice <input type="checkbox"/> Employer <input type="checkbox"/> Own account worker (non – agri) <input type="checkbox"/> Own account worker agriculture <input type="checkbox"/> Owner cultivator <input type="checkbox"/> Share cropper <p>(Continued in next column)</p>		<p>For persons having code 1-5 or 7-11 this interview is completed go to next person</p>	

SECTION 11: Persons 10 years and above with codes 6 or 12 in question 55

WORK ACTIVITY (First, ask all the questions listed below and tick '1' for each activity that the person was engaged in during the last week and '2' for each activity that the person did not engage in; second, for each '1' answer, go back and ask the number of hours worked during the last week.)	1 = YES	For each YES , how many hours did work last week?		
	2 = NO	Total Hours	Own Family	Other people for cash or payment in kind?
	(1)	(2)	(3)	(4)
56 During the last week did help or work in:				
(i). Agricultural operations, such as ploughing , sowing, transplanting rice, picking cotton, collection of vegetables & fruit, harvesting crops, weeding fields?	<input type="checkbox"/>			
(ii). Processing food, namely milling, grinding, drying seeds, maize or rice husking?	<input type="checkbox"/>			
(iii). Livestock operations, such as meat, feeding and milking animals, churning milk, grassing, collection of cowdung and preparing dung cakes?	<input type="checkbox"/>			
(iv). Poultry raising , such as feeding poultry birds, collection & packing of eggs, giving injections or medicine to birds and preparation of feeds?	<input type="checkbox"/>			
(v). Construction work, such as mud plaster of roofs and walls of house and godown, construction and repair of boundary walls, rooms, etc.?	<input type="checkbox"/>			
(vi). Collection of firewood or cotton sticks for use as fire wood for household consumption?.....	<input type="checkbox"/>			
(vii). Bringing water from outside to the house, taking food from house to farm ?	<input type="checkbox"/>			
(viii). Making clothes, sewing pieces of cloth or leather, knitting, embroidery, mat and rope making, ginning, spinning and weaving ?	<input type="checkbox"/>			
(ix). Shopping and marketing ?	<input type="checkbox"/>			
(x). Washing, mending or pressing clothes ?	<input type="checkbox"/>			
(xi). Caring for children or health care of ill persons?	<input type="checkbox"/>			
(xii) Helping children do homework or other educating activities?	<input type="checkbox"/>			
(xiii). Cleaning and arranging the house?	<input type="checkbox"/>			
(xiv). Other activities which produce goods or services at home which are generally available in the market?	<input type="checkbox"/>			
Specify: _____				
57. Occupation				
58 . Industry				
59. Employment Status				
60. Number of hours worked				
This interview is completed: go to the next person.				