

Form LF1  
7/2003

Form \_\_\_\_\_ of \_\_\_\_\_

**GOVERNMENT OF PAKISTAN  
FEDERAL BUREAU OF STATISTICS  
LABOUR FORCE SURVEY**

|                |      |
|----------------|------|
| Survey Period: | Code |
|----------------|------|

**Section 1: Identification**

Processing Code

|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|

|                            |  |   |  |
|----------------------------|--|---|--|
| 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: |  | 13. Respondent's Sex 1=male. 2=female   |  |
| 7. Locality:               |  | 14. Respondent's relation to head of household:<br>1 = head of household<br>2 = other member of household<br>3 = others |  |

**Section 2: Field Operations**

| Item  | Date | Name | Designation | Signature |
|---|------|------|-------------|-----------|
| (1)   | (2)  | (3)  | (4)         | (5)       |
| 1. Survey   |      |      |             |           |
| 2. Inspection (i)                                 |      |      |             |           |
| (ii)  |      |      |             |           |
| 3. Checking/editing in the Regional/Field Offices |      |      |             |           |
| 4. Despatch to Headquarter                        |      |      |             |           |
| 5. Receipt at Headquarter                         |      |      |             |           |

**Section 3: Editing/Coding at Headquarter**

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





# Section 5: CURRENT ACTIVITY

(All persons 10 years and above)

| S.No:   | Name   |
|---|--|
| (Tick the correct entry 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 reasons, e.g. religious or social activities or 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>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 days _____</p> <p>2. <input type="checkbox"/> A month or more</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>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>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>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)<br/>(Continued in next column)</p> |  |   |  |

12. How many persons are engaged in the enterprise (including working proprietors, unpaid family workers, paid employers)?

1.  Number of persons upto 5
2.  6 to 9
3.  10 to 20
4.  More than 20

13. Are there any regular paid employees in the enterprise?

1.  Yes
2.  No

14. If yes in Q.13, then

1. No. of Males.....
2. No. of Females.....

14.1

14.2

15. Where did .... carry out the work? (Read all the options to the respondent).

1.  At his/her own dwelling
2.  At family or friend's dwelling
3.  At the employer's house
4.  On the street/road
5.  On country side
6.  In a shop, business, office or industry
7.  Other: \_\_\_\_\_ (Specify)

16. What was the location of the enterprise?

1.  Urban
2.  Rural

17. In addition to the main occupation, did .... also work in any subsidiary occupation last week?

1.  YES
2.  NO

18. What was the nature of activities.....did one year ago?

1.  Same job
2.  Other job in same enterprise
3.  Employee in other enterprise
4.  Own account worker in the same kind of activity.
5.  Own account worker in other kind of activity.
6.  Not working.
7.  Don't know.

19. How many hours did .... work each day during the last week at his/her main occupation and any subsidiary occupation?

Total

In case .... did not work on any particular day code.

|   |             | Hours Worked         |      |
|---|-------------|----------------------|------|
| (19.1) A If had a job or enterprise on that day   | Saturday    | <input type="text"/> | 19.1 |
|   | Sunday      | <input type="text"/> |      |
| (19.2) B If had no job or enterprise on that particular day but available for work      | Monday      | <input type="text"/> | 19.2 |
|   | Tuesday     | <input type="text"/> |      |
|   | Wednesday   | <input type="text"/> |      |
|   | Thursday    | <input type="text"/> |      |
| (19.3) C If had no job or enterprise on that particular day and not available for work. | Friday      | <input type="text"/> | 19.3 |
|   | Total ..... | <input type="text"/> |      |

Note: If total is nil (did not work last week) or If total is 35 or more, skip to Q. 21.

**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 and 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. Was.... available 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)**

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?

- 1.  Only one
- 2.  More than one: specify how many .....
- 3.  None (Skip to Q.38)

**Questions 28 to 37 should be repeated for each of the separate occupational injury/disease noted in question 27.**

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.)

- 1.  Hospitalised
- 2.  Consulted a doctor, nurse or other medical professional
- 3.  Took time off work
- 4.  None

29. What part of..... body injured?

- 1.  Head
- 2.  Neck
- 3.  Trunk
- 4.  Upper limb
- 5.  Lower limb
- 6.  Multiple locations
- 7.  General injuries  
(circulatory, respiratory, digestive or nervous system, etc.)

30. What was the type of injury/disease....suffered?

- 1.  Fracture (broken bone)
- 2.  Dislocation
- 3.  Sprain or strain
- 4.  Concussion or other internal injury
- 5.  Amputation
- 6.  Other wound (lacerations, cut, etc.)
- 7.  Superficial (abrasions, scratches, blisters, insect bites, etc.)
- 8.  Contusion or crushing
- 9.  Burn (burn, scald, friction burn, radiation burn)
- 10.  Acute poisoning (by injection, ingestion, swallowing or inhalation)
- 11.  Effects of weather, exposure or related condition (heatstroke, effects of high altitudes, etc.)
- 12.  Asphyxia (lack of oxygen)
- 13.  Effects of electric current  
(electrocution, electric shock, burns, etc)

- 14.  Effects of radiation
- 15.  Multiple injuries of different nature
- 16.  Other injuries; specify .....
- 17.  Primary epitheliomatous cancer of the skin
- 18.  Pulmonary oedema
- 19.  Dermatitis
- 20.  Radiodermatitis (Erythema, hyperpigmentation or oedema of the skin with or without alopecia)
- 21.  Atrophy of the fingers or nails
- 22.  Disorder related to ergonomics (Musculoskeletal disorder, eyestrain/ vision impairment etc.)
- 23.  Hearing impairment/loss
- 24.  Other diseases (specify).....

31. What was the unsafe act that caused the accident/disease?

- 1.  Operating without authority.
- 2.  Excess speed.
- 3.  Horse play.
- 4.  Defeating safety devices.
- 5.  Using unsafe equipment or equipment unsafely.
- 6.  Taking unsafe position.
- 7.  Disobeying instruction.
- 8.  Failure to use the provided personal protective equipment.
- 9.  Unsafe loading or stacking.
- 10.  Wrong order of supervisor (specify what and by whom).....
- 11.  Unsafe act by fellow employee (specify what and by whom).....
- 12.  Unsafe act of outsiders (specify what and by whom).....
- 13.  Other (Specify).....

32. What were the unsafe conditions causing the accident/disease?

- 1.  Unguarded or inadequately guarded.
- 2.  Defective tool, equipment or material.
- 3.  Unsafe design or construction.
- 4.  Poor illumination.
- 5.  Inadequate ventilation.
- 6.  Improper clothing and footwear.
- 7.  Non-provision of necessary protection equipment.
- 8.  Poor house keeping.
- 9.  Slippery surfaces.
- 10.  Other (specify).....

|  |  |   |  |
|--|--|---|--|
| <p>33. What was the type of accident?</p> <p>1. <input type="checkbox"/> Falls of (person)</p> <p>2. <input type="checkbox"/> Falling objects.</p> <p>3. <input type="checkbox"/> Stepping on, strike against or struck by objects excluding falling objects.</p> <p>4. <input type="checkbox"/> Electricity.</p> <p>5. <input type="checkbox"/> Poison, corrosive and harmful substances, including radiation.</p> <p>6. <input type="checkbox"/> Explosion.</p> <p>7. <input type="checkbox"/> Fire.</p> <p>8. <input type="checkbox"/> Irruption of water.</p> <p>9. <input type="checkbox"/> Suffocation by gases.</p> <p>10. <input type="checkbox"/> Any other type (specify e.g. over exertion/ strenuous movement etc.).....</p>   |  | <p>37. Did .... report the injury/disease to any one in-charge at work?</p> <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p>  |  |
| <p><b>SECTION 9: QUESTIONS TO BE ADDRESSED TO HEAD OF HOUSEHOLD OR HIS/HER PROXY</b></p>   |  |   |  |
| <p>34. How soon were .... able to go back to work/resume normal activities after the accident/disease?</p> <p>1. <input type="checkbox"/> Still not at work/have not resumed normal activities</p> <p>2. <input type="checkbox"/> Will never be able to go back to work/resume normal activities</p> <p>3. <input type="checkbox"/> On the same day as the accident/disease</p> <p>4. <input type="checkbox"/> On the first day after the accident/disease</p> <p>5. <input type="checkbox"/> On the second day after the accident/disease</p> <p>6. <input type="checkbox"/> 3 to 7 days after the accident/disease.</p> <p>7. <input type="checkbox"/> 8 to 15 days after the accident/disease.</p> <p>8. <input type="checkbox"/> 16 to 22 days after the accident/disease.</p> <p>9. <input type="checkbox"/> 23 days to 1 months after the accident/disease.</p> <p>10. <input type="checkbox"/> 2 to 4 months after the accident/disease.</p> <p>11. <input type="checkbox"/> 5 to 7 months after the accident/disease.</p> <p>12. <input type="checkbox"/> 8 to 12 months after the accident/disease.</p> <p>13. <input type="checkbox"/> More than 12 months after the accident/disease.</p> <p>14. <input type="checkbox"/> Don't know.</p> |  | <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> <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No (This interview is terminated,ask the next person)</p>  |  |
| <p>35. What was the time of the accident?</p> <p>1. <input type="checkbox"/> In the morning</p> <p>2. <input type="checkbox"/> In the afternoon.</p>   |  | <p>39. If 'Yes' in Q.38 then what was the nature of death?</p> <p>1. <input type="checkbox"/> Occupational accident</p> <p>2. <input type="checkbox"/> Occupational disease</p>   |  |
| <p>36. When did the occupational accident/disease happen?</p> <p>1. <input type="checkbox"/> Month (01 to 12)</p> <p>2. <input type="checkbox"/> Year (2000 or 2001)</p>   |  | <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> <p>This interview is completed go to next person.</p> |  |

**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)

43. 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 answer 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, 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> <ul style="list-style-type: none"> <li>- a job or business</li> <li>- a farm or by fishing</li> <li>- other household economic activities (collecting wood, milling/grinding food,etc.)</li> </ul> <p>1. <input type="checkbox"/> Yes (Ask Q.49)</p> <p>2. <input type="checkbox"/> NO (This interview is completed go to the next person)</p>   |  | <p>10. <input type="checkbox"/> Contract cultivator</p> <p>11. <input type="checkbox"/> Unpaid family worker agriculture</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> <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p>   |  | <p>54. What was the kind of enterprise?</p> <p>1. <input type="checkbox"/> Federal Govt.</p> <p>2. <input type="checkbox"/> Provincial Govt.</p> <p>3. <input type="checkbox"/> Local body Govt.</p> <p>4. <input type="checkbox"/> Public enterprise (Corporation by act of national or provincial assembly)</p> <p>5. <input type="checkbox"/> Private limited company</p> <p>6. <input type="checkbox"/> Public limited company</p> <p>7. <input type="checkbox"/> Cooperative society</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>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?<br/>(Read all the options to the respondent)</p> <p>1. <input type="checkbox"/> Illness</p> <p>2. <input type="checkbox"/> Will take a job within a month</p> <p>3. <input type="checkbox"/> Temporarily laid off</p> <p>4. <input type="checkbox"/> Apprentice and not willing to work</p> <p>5. <input type="checkbox"/> Student and not willing to work</p> <p>6. <input type="checkbox"/> Housekeeping and not willing to work (Go to Q.56)</p> <p>7. <input type="checkbox"/> Retired and not willing to work</p> <p>8. <input type="checkbox"/> Agricultural landlord/property owner and not willing to work</p> <p>9. <input type="checkbox"/> Too young to work</p> <p>10. <input type="checkbox"/> Too old to work</p> <p>11. <input type="checkbox"/> Unable to work/handicapped</p> <p>12. <input type="checkbox"/> Other reason: _____ (Go to Q.56)<br/>(Specify)</p> |  |
| <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>For persons having code 1-5 or 7-11 this interview is completed go to next person</p>   |  |
| <p>52. For how many years has..... been doing this sort of work?</p> <p>1. <input type="checkbox"/> Less than one year</p> <p>2. <input type="checkbox"/> One year but less than 5 years</p> <p>3. <input type="checkbox"/> Five years but less than 10 years</p> <p>4. <input type="checkbox"/> Ten years or more</p>   |  |  |  |
| <p>53. What was ..... employment status?<br/>(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>7. <input type="checkbox"/> Own account worker agriculture</p> <p>8. <input type="checkbox"/> Owner cultivator</p> <p>9. <input type="checkbox"/> Share cropper</p> <p>(Continued in next column)</p> |  |  |  |

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

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