



**GOVERNMENT OF PAKISTAN**  
**PAKISTAN BUREAU OF STATISTICS**  
**LABOUR FORCE SURVEY**  
**(2021-22)**



<b>Survey Period:</b>		Month	Year	Quarter
<b>Section 1: Identification</b>		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:		13. Respondent's Sex 1=Male → 2=Female		
7. Locality		14. Respondent's relation to head of household: 1 = Head of Household → 2 = Other member of household (Relative/Non-relative) 3 = Others (Relative/Non-relative)		

<b>Section 2: Field Operations and Editing/Coding</b>						
Item	Date	Name		Designation		Signature
(1)	(2)	(3)	Code	(4)	Code	(5)
1. Survey						
2. Inspection (i)						
	(ii)					
3. Checking/editing/coding in the Regional/Field Offices						
4. Despatch to Headquarter						
5. Receipt at Headquarter						

<b>Section 3: Checking at Headquarter</b>						
Item	Date	Name		Designation		Signature
(1)	(2)	(3)	Code	(4)	Code	(5)
1. Checking by staff						
2. Checking (i) by Officer						
	(ii)					
3. Dispatch to D.P.Centre						

**SECTION 4: HOUSEHOLD COMPOSITION AND DEMOGRAPHIC INFORMATION**

S. No	Name of household members who usually live here. Do not list guests, visitors, etc.	What is (Name) ... Relationship to head of the household?	Present status	Gender	How old was (Name) at (his/her) last birthday?	For all persons 10 years and over	For all persons 5 years and over		
							Literacy		Education Level
							Can..... read a simple statement with understanding in any language?	Can..... write a simple statement with understanding in any language?	01. Never attended school 02. Nursery but below K.G. 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 15. Ph.D
		1. Head of household 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 3. Trans-gender	Enter age in completed years	What is.... current marital status?  1. Never married 2. Married 3. Widow/ Widower 4. Divorced	1. Yes 2. No	1. Yes 2. NO	
(4.1)	(4.2)	(4.3) Code	(4.4) Code	(4.5) Code	(4.6)	(4.7) Code	(4.8.1) Code	(4.8.2) Code	(4.9) Code
1		1							
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<b>For all persons 5 years and over</b>	<b>For all persons 10 years and over</b>					<b>For all persons</b>																																																				
<b>Current Enrolment</b>	<b>Technical/Vocational Training</b>					<b>Migration</b>																																																				
01. Currently not enrolled 02. Nursery 03. K.G 04. Primary 05. Middle 06. Matric 07. Intermediate 08. Graduation in engineering 09. Graduation in medicine 10. Graduation in computer 11. Graduation in agriculture 12. Graduation in other subjects 13. M.A/M.Sc 14. M.Phil 15. Ph.D.	<b>Has... ever completed/ currently receiving any technical, vocational and educational training/courses such as auto or engine mechanics, carpentry, typing, computer, tailoring etc.</b>			<b>Provider of Training/Courses</b>		<b>How long has (Name) been living in this district?</b>  1. Since birth <b>(Go to next person if age &lt; 5 years, otherwise skip to 4.19)</b>  2. Less than one year 3. 1 years 4. 2 years 5. 3 years 6. 4 years 7. 5-9 years 8. 10 years & over	<b>Previous district of residence (Name) before moving here.</b>  (Give name of the district. If abroad give name of the country and skip to Col. 4.18  <b>(Annex-E (District code) &amp; F(Country code) Manual of Instructions)</b>		<b>Previous residence was located in...</b>  1.Rural 2.Urban	<b>Main reason for migration.</b> 01. Job transfer 02. Found a job 03. Searching for a job 04. Searching for a better agriculture land 05. Education 06. Business 07. Health 08. Marriage 09. With parents 10. With spouse 11. With son/daughter 12. Change of residence 13. Returned to his home 14. Security/Law & order situation 15. Natural disaster 16. Other (Specify)																																																
	<b>Yes on job</b> 10. During last year 11. 2-3 years ago 12. 4-5 years ago 13. 6-7 years ago 14. 8 years or more ago  <b>Yes off job</b> 15. During last year 16. 2-3 years ago 17. 4-5 years ago 18. 6-7 years ago 19. 8 years or more ago 20. Currently receiving 21. No (Skip to Col.4.15)		If YES describe the type and duration of training  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Type of Training</th> <th style="width:50%;">Duration of training (in weeks)</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;"> <b>(Detail of Type of Training given in Annex-D Manual of Instructions)</b> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Type of Training		Duration of training (in weeks)	<b>(Detail of Type of Training given in Annex-D Manual of Instructions)</b>																																																		
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(4.10) Code	(4.11) Code		(4.12) Code	(4.13) (No. of Weeks)	(4.14) Code	(4.15) Code	(4.16) Code		(4.17) Code	(4.18) Code																																																

**SECTION 4: HOUSEHOLD COMPOSITION AND DEMOGRAPHIC INFORMATION  
FUNCTIONAL LIMITATIONS/DISABILITY STATUS**

(For all Persons 05 Years and Over)

P.S.N	Do/Does (Name's) have difficulty seeing, even if wearing glasses?	Do/Does (Names') have difficulty hearing, even if using hearing aid?	Do/Does (Names') have difficulty walking or climbing steps?	Do/Does (Names') have difficulty remembering or concentrating?	Do/Does (Names') have difficulty (with self-care such as) washing all over or dressing?	Using ..... usual (customary /local) language, do/does (Names) have difficulty communicating , for example understanding or being understood?	Having code 3 or 4 in any Col. 4.19 or 4.20 or 4.21 or 4.22 or 4.23 or 4.24	
	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	Is [your ...] disability been officially recognized (certified)?	Do/Does (Names') receive any cash/in-kind benefits from the government linked to your disability?
	(4.19) Code	(4.20) Code	(4.21) Code	(4.22) Code	(4.23) Code	(4.24) Code	4.25 Code	4.26 Code
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SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS ( 10 Years of Age and Over)										
Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6	Did.... do any work for pay, profit or family gain during last week, at least for one hour on any day?		Did...help to work for family gain in a family business or family farm during last week?		Even though (you/Name) did not work, last week did (you/he/she have a paid job or a business/ agriculture farm?		Why did ... not work last week?		In total will (you/Name) return to the same job/business/own enterprise	
	1. Yes (Skip to Col. 5.7) 2. No		1. Yes (Skip to Col. 5.7) 2. No		1. Yes 2. No (Skip to Col. 9.1)		01. Illness or injury 02. Long term disability 03. Strike or lockout 04. COVID-19 05. Holiday, ramzan, vacation or leave of absence 06. Off-season inactivity 07. Due to bad weather 08. Due to mechanical or electrical breakdown 09. Due to shortage of raw materials or fuel 10. Educational and training leave 11. Maternity or parental leave 12. 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). 13. Other voluntary or personal reasons, e.g. religious or social activities or attended political gathering (Specify). 14. Other involuntary reasons Violence/harassment at work place, Security/law and order situation, etc.) (Specify)		1. Within three months or less 2. After three months 3. Once restrictions are lifted (Only for COVID-19) 4. Don't know	
P.S.N.	(5.1) Code		(5.2) Code		(5.3) Code		(5.4) Code		(5.5) Code	

**Note:** - Examples of activities that count as work are (a) activities carried out by persons engaged for wages in factories, business enterprises, farms, shops, service undertakings, and other economic units engaged in production of goods and services intended for sale on the market. Also, employees of government and other social and cultural institutions, hotels, restaurants, transport and communication (b) home based activities in (i) Agriculture: Growing or gathering field crops, fruits and vegetables, producing eggs, milk and food. Hunting animals and birds, catching fish, crabs and shellfish; burning charcoal:(ii) Milling and other food processing: Threshing and milling grain, making butter, ghee and cheese, slaughtering livestock, curing hides and skins, preserving meat and fish. Making beer and alcohol (iii) Handicrafts: Collecting, thatching and weaving materials, making mats, weaving baskets and mats, making clay pots, weaving cloth, dressmaking and tailoring, making furniture, (iv) Construction and major repairs: Construction of a dwelling, farm buildings, clearing land for construction, or the major renovation of a dwelling, private roads, wells and other private facilities; (v) Fetching water; (vi) Collecting firewood: Cutting or collecting firewood and building poles; and (vii) Other personal or community work activities: e.g. cooking food for labourers working on one's farm when food is provided as part of labourer's wages.

**SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS (10 Years of Age and Over)**

Transfer all persons' serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 1 under column 5.1 or 5.2 or 5.3.	Do/Does you continue to receive an income from (you/his/her business/own agriculture farm enterprise during the absence?)		Name to receive from job/ farm		What was ..... employment status? (Read all the options to the respondent)  01. Regular paid employee with fixed wage 02. Casual paid employee 03. Paid worker by piece rate or work performed 04. Paid non-family apprentice 05. Employer 06. Own account worker (Agriculture) 07. Own account worker (non-agriculture) 08. Owner cultivator 09. Share cropper 10. Contract cultivator 11. Contributing family worker (Agriculture) 12. Contributing family worker (non-agriculture) 13. Member of a producer's cooperative 14. Other (Specify)	What was..... main occupation, e.g. what was the nature of work that ....did?  (i) <i>Main refers to the work that ..... spent most of the time of the week. If same number of hours used in more than one work consider the one where s/he earns the most money.</i>  ii) <i>Please give full description alongwith 4-digits code for main occupation as per detail given in Annex-A Manual of Instructions.</i>				
	P.S.N.	(5.6)	(5.7)			(5.8)	Code			
	Code		Code							

**SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS (10 Years of Age and Over)**

Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 1 under column 5.1 or 5.2 or 5.3.	What was the nature of work done by the establishment such as shop, business, farm, service establishment (fixed or mobile), office/institution where...worked?  i) <i>In case of establishment engaged in agriculture, hunting &amp; related services activities: forestry, logging &amp; related services activities: fishing, operation of fish hatcheries, fish farm &amp; services activities incidental to fishing then Skip to Col.5.14.</i>  ii) <i>Please give full description alongwith 4-digits code for main industry as per detail given in Annex-B Manual of Instructions.</i>	What kind of enterprise? 01. Federal Govt. (Skip to Col.5.14) 02. Provincial Govt. (Skip to Col.5.14) 03. Local body Govt. (Skip to Col.5.14) 04. Public enterprise (Corporation by act of national or provincial assembly) (Skip to Col.5.14) 05. Public limited company (Skip to Col.5.14) 06. Private limited company (Skip to Col.5.14) 07. Cooperative society/ UN agency/ Embassy (Skip to Col.5.14) 08. Individual ownership 09. Partnership 10. Other (Specify )	Does the Enterprise keep written accounts?  1. Yes 2. No 3. Don't know	How many persons are engaged in the enterprise (including working proprietors, unpaid family workers, paid employees)?  (Give approximate number of persons)	Are there any regular paid employees in the enterprise?  1. Yes 2.No
P.S.N.	(5.9) Code	(5.10) Code	(5.11) Code	(5.12) (Number of Persons)	(5.13) Code

**SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS (10 Years of Age and Over)**

Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 1 under column 5.1 or 5.2 or 5.3.	<b>Where did... carry out the work? (Read all the options to the respondent).</b>  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)	<b>What was the location of work place?</b>  1. Rural 2. Urban	<b>How many hours did... work each day during the last week at his/her <u>main occupation</u>?</b>  In case ... did not work on any particular day code A or B or C should be recorded for that particular day as per detail given below:  A: If had a job or enterprise on that day and did not work  B: If had no job or enterprise on that particular day but available for work  C: If had no job or enterprise on that particular day and not available for work.										
P.S.N.	(5.14) Code	(5.15) Code	(5.16) (Hours Worked)							(5.16.1)	(5.16.2)	(5.16.3)	(5.16.4)
			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours	Total As	Total Bs	Total Cs



**SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS (10 Years of Age and Over)**  
**Col.5.18 to 5.27 should be asked from all persons reporting subsidiary occupation (i.e. code 1 in Col.5.17).**  
**If the person is engaged in more than one subsidiary occupations then Col. 5.18 to Col. 5.25 should be filled**  
**for the one in which the person spent more hours.**

Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 1 under column 5.1 or 5.2 or 5.3.	In addition to the main occupation, did...also work in any subsidiary occupation last week?  1. Yes  2. No (Skip to Col. 5.27)	What was ..... employment status? (Read all the options to the respondent)  01. Regular paid employee with fixed wage 02. Casual paid employee 03. Paid worker by piece rate or work performed 04. Paid non-family apprentice 05. Employer 06. Own account worker (Agriculture) 07. Own account worker (Non-agriculture) 08. Owner cultivator 09. Share cropper 10. Contract cultivator 11. Contributing family worker (Agriculture) 12. Contributing family worker (Non-Agriculture) 13. Member of a producer's cooperative 14. Other (Specify)	What was..... subsidiary occupation e.g. what was the nature of works that ....did?  <i>i) If a person is engaged in more than one subsidiary occupations: then consider the one in which the person spent more hours</i>  <i>ii) Please give full description alongwith 4-digits code for subsidiary occupation as per detail given in Annex-A Manual of Instructions.</i>	What was the nature of work done by the establishment such as shop, business, farm, service establishment (fixed or mobile), office/institution where... worked?  <i>i) In case of establishment engaged in agriculture, hunting &amp; related services activities: forestry, logging &amp; related services activities: fishing, operation of fish hatcheries, fish farm &amp; services activities incidental to fishing then Skip to Col.5.25</i>  <i>ii) Please give full description alongwith 4-digits code for subsidiary industry as per detail given in Annex-B Manual of Instructions.</i>	What kind of enterprise?  01. Federal Govt. (Skip to Col.5.25) 02. Provincial Govt. (Skip to Col.5.25) 03. Local body Govt. (Skip to Col.5.25) 04. Public enterprise (Corporation by act of national or provincial assembly) (Skip to Col.5.25) 05. Public limited company (Skip to Col.5.25) 06. Private limited company (Skip to Col.5.25) 07. Cooperative society/UN agency/Embassy (Skip to Col.5.25) 08. Individual ownership 09. Partnership 10. Other (Specify )

**SECTION-5: CURRENT ACTIVITY OF ALL HOUSEHOLD MEMBERS (10 Years of Age and Over)**  
**Col.5.18 to 5.27 should be asked from all persons reporting subsidiary occupation (i.e. code 1 in Col.5.17). If the person is engaged in more than one subsidiary occupations then Col. 5.18 to Col. 5.27 should be filled for the one in which the person spent more hours.**

Transfer all person's serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 under column 5.1 or 5.2 or 5.3.	Does the enterprise keep written accounts?	How many persons are engaged in the enterprise (including working proprietors, unpaid family workers,, paid employees)  (Give approximate numbers of persons)	Are there any regular paid employees in the enterprise?	How many hours did...work each day during the last week at his/her subsidiary occupation (s)?								In addition to main & subsidiary jobs did.....perform other job (s)?	What was the nature of main activity ..... did one year ago?(Main activity if more than one)	
	1. Yes 2.No 3. Don't know		1. Yes 2. No	(5.25) (Hours Worked)								1. One job 2. Two or more jobs 3. None	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	
P.S.N.	(5.22)  Code	(5.23)  (Number of Person)  Code	(5.24)  Code	(5.25) (Hours Worked)								(5.25.1)  Total Hours	(5.26)  Code	(5.27)  Code
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday				

**SECTION-6: UNDEREMPLOYMENT**

Transfer all person's serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 in column 5.1 or 5.2 or 5.3.	If total of Col. 5.16.1 and 5.25.1 is less than 35, then why did... work less than 35 hours during last week?		For all employed persons having code '1' in column 5.1 or 5.2 or 5.3.			
	01. Normally works the same number of hours 02. Illness or injury 03. Long term disability 04. Strike or lockout 05. COVID-19 06. Holiday, ramzan, vacation or leave of absence 07. Off-season inactivity 08. Due to bad weather 09. Due to mechanical or electrical breakdown 10. Due to shortage of raw materials or fuel 11. Educational and training leave 12. Maternity or parental leave 13. 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) ( <b>Specify</b> ). 14. Other voluntary or personal reasons, e.g. religious or social activities or attended political gathering ( <b>Specify</b> ). 15. Other involuntary reasons such as unable to find/get more hours of work due to law and order situation etc. ( <b>Specify</b> )		Would... want to work more hours than he/she worked in the last week, provided the hours are paid?	Did..... Looking for any additional work last week?	If code '1' in Col 6.3, then why did..... Look for an additional work?	
P.S.N.	(6.1) Code		(6.2) Code	(6.3) Code	(6.4) Code	

**SECTION- 7: FOR PAID EMPLOYEES AND SELF EMPLOYED**

For persons who were given codes 1 to 4 in Col. 5.7							For self employed (persons with code 05 to 10 or 13 or 14 in Col. 5.7).																
Transfer all person's serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 to 10 or 13 or 14 as per Col.5.7	What was the status of job's written contract/ agreement between the employee and the employer? 1. Permanent/ pensionable Job 2. Less than 1 year contract 3. Up to 3 years contract 4. Up to 5 years contract 5. Up to 10 years contract 6. 10 Years and more contract 7. Without contract/ agreement	At.....main work, what is the periodicity of payment? 1. Daily 2. Weekly 3. Fortnightly (Skip to Col.7.4) 4. Monthly (Skip to Col.7.4) 5. Other periodicity (Specify) 6. Piece rate basis for service performed 7. Other (Specify)	How much net money did .....earn from the main work last week? Cash Rs.  Kind (including free or subsidized housing, food, transport etc. give market value) in Rs.  (For any entry Skip to Col. 7.5)			How much net money did.....earn from the main work last month? Cash Rs.  Kind (including free or subsidized housing, food, transport etc. give market value) in Rs.			How much net 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			Whether (Name) is entitled to have? 01. Old age pensions 02. Family support in case death of bread winner 03. Fee Re-imbursement/ educational stipend for children 04. Disability insurance/ social insurance 05. Medical facilities 06. Marriage Grant 07. Child Stipend 08. Paid/ sick leave 09. Other (specify...) 10. None  (More than one options are acceptable)										How much net money did... earn during last year from own business/ agriculture farm?  (In Rs)	
			P.S.N.	(7.1) Code	(7.2) Code	(7.3)			(7.4)			(7.5)			(7.6) Code								
			(7.3.1) Cash	(7.3.2) Kind	(7.3.3) Total	(7.4.1) Cash	(7.4.2) Kind	(7.4.3) Total	(7.5.1) Cash	(7.5.2) Kind	(7.5.3) Total	01	02	03	04	05	06	07	08	09	10		

**SECTION- 8: OCCUPATIONAL INJURIES/DISEASES (All Employed Persons)**

Transfer all person's serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 in column 5.1 or 5.2 or 5.3.	In the past 12 months, did..... suffer any occupational injury/disease that caused to take time off work and/or consulted a doctor?  1. Only one  2. More than one Specify how many  3. None (Go to next person or household as the case may be)	In case of more than one injury/disease i.e. code 2 in Col.8.1, then Col.8.2 to 8.5 should be repeated for each of the separate occupational injury/disease noted in Col. 8.1													
		What was the unsafe act that caused the accident/disease?			Did...receive treatment for 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).			What were the unsafe conditions causing the accident/disease?			How soon was ... able to go back to work/resume normal activities after the accident/disease?			Did ... receive any injury compensation in cash/ in kind from the employer?	
		01. Operating without authority 02. Excess speed 03. Horse play 04. Failure of safety devices 05. Using unsafe equipment or equipment unsafely 06. Taking unsafe position 07. Disobeying instruction 08. Failure to use the provided personal protective equipment 09. 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)			1. Hospitalized  2. Consulted a doctor, nurse or other medical professional  3. Took time off work  4. None			01. Unguarded or inadequately guarded 02. Defective tool, equipment or material 03. Unsafe design or construction 04. Poor illumination 05. Inadequate ventilation 06. Improper clothing and footwear 07. Non-provision of necessary protection equipment 08. Poor house keeping 09. Slippery surfaces 10. Other (Specify)			01. Still not at work/have not resumed normal activities 02. Will never be able to go back to work/resume normal activities 03. On the same day as the accident/disease occurred 04. On the first day after the accident/disease 05. On the second day after the accident/disease 06. 3 to 7 days after the accident/disease 07. 8 to 15 days after the accident/disease 08. 16 to 22 days after the accident/disease 09. 23 days to 1 month after the accident/disease 10. 2 to 4 months after the accident/disease 11. 5 to 7 months after the accident/disease 12. 8 to 12 months after the accident/disease 13. Don't Know.			1. Yes  2. No	
P.S.N.	(8.1)  Code	(8.2) (Injury/disease)			(8.3) (Injury/disease)			(8.4) (Injury/disease)			(8.5) (Injury/disease)			(8.6)  Code	
		(8.2.1) 1 <sup>st</sup>	(8.2.2) 2 <sup>nd</sup>	(8.2.3) 3 <sup>rd</sup>	(8.3.1) 1 <sup>st</sup>	(8.3.2) 2 <sup>nd</sup>	(8.3.3) 3 <sup>rd</sup>	(8.4.1) 1 <sup>st</sup>	(8.4.2) 2 <sup>nd</sup>	(8.4.3) 3 <sup>rd</sup>	(8.5.1) 1 <sup>st</sup>	(8.5.2) 2 <sup>nd</sup>	(8.5.3) 3 <sup>rd</sup>		

**SECTION 9: UNEMPLOYMENT**

Transfer all person's serial numbers of age & over as per Col. 4.1 & 4.6 having code 2 in Col. 5.3	Was (Name) looking for work during the last four week? (as employee, employer or own account worker to establish his/her own business)  1. Yes  2. No (Skip to Col. 9.4)	What steps did (Name) take during the last four weeks to look for work? (More than one options are acceptable)											How long has (Name) been looking for work?  1. Less than 1 month 2. One month to less than 3 months 3. Three months to less than 6 months 4. Six months to less than 12 months 5. One year or more  <b>(For having any option skip to Col. 9.6)</b>	At present, does (Name) want to work for pay or start a business?  1. Yes 2. No (Skip to Col. 9.9)	What is the main reason why (Name) did not try to find a paid job or start a business in the last 4 weeks?  1. Already has a job or business to start in the near future 2. Awaiting to be recalled from a previous job 3. Waiting for results from a previous search 4. Waiting for the season to start 5. Tired of looking, no jobs in the area 6. No jobs matching his/her skills, lacks experience 7. Considered too be young/too be old by employers 8. Family does not approve 9. Busy studying or doing apprentice work 10. Busy with household or family responsibilities 11. Busy farming or fishing for household use 12. With a disability, injury or illness 13. Has other sources of income 14. Other (Specify) ___			
		(9.2) Code														(9.3)	(9.4)	(9.5)
		P.S.N.	(9.1) Code	01	02	03	04	05	06	07	08	09				10	11	Code

**SECTION 9: UNEMPLOYMENT**

Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 2 in Col. 5.3	How soon would (Name) be available to start working?		What type of work (Name) prefer to do?		Where would (Name) be willing to work?		Why is (Name) not available to start working within the next two weeks ?		Has... ever worked in	
	(9.6) Code		(9.7) Code		(9.8) Code		(9.9) Code		(9.10) Code	

**SECTION 9: UNEMPLOYMENT**

Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 01-05 in Col 9.8 or code 01 to 04 in Col. 9.9.	Did..... work in the last 12 months? 1. Yes 2. No.(Skip to 9.17)	What was ..... main occupation, in other words, what was the nature of work... previously did?				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?								
		<i>Please give full description alongwith 4-digits code for main occupation as per detail given in Annex-A Manual of Instructions.</i>				<i>Please give full description alongwith 4-digits code for main industry as per detail given in Annex-B Manual of Instructions</i>								
P.S.N.	(9.11)	(9.12)				(9.13)								
	Code	Code				Code								



**SECTION 9: UNEMPLOYMENT**

<p>Transfer all person's serial numbers 10 years of age &amp; over as per Col. 4.1 &amp; 4.6 having code 01-05 in Col 9.8 or code 01 to 04 in Col. 9.9.</p>	<p><b>What was..... employment status? (Read all the options to the respondent)</b></p> <ul style="list-style-type: none"> <li>01. Regular paid employee with fixed wage</li> <li>02. Casual paid employee</li> <li>03. Paid worker by piece rate or work performed</li> <li>04. Paid non-family apprentice</li> <li>05. Employer</li> <li>06. Own account worker (Agriculture)</li> <li>07. Own account worker (Non-agriculture)</li> <li>08. Owner cultivator</li> <li>09. Share cropper</li> <li>10. Contract cultivator</li> <li>11. Contributing family worker (Agriculture)</li> <li>12. Contributing family worker (Non-Agriculture)</li> <li>13. Member of a producer's cooperative</li> <li>14. Other (<b>Specify</b>)</li> </ul>	<p><b>For how many years has....been doing this sort of work?</b></p> <ul style="list-style-type: none"> <li>1. Less than one year</li> <li>2. One year but less than five years</li> <li>3. Five years but less than ten years</li> <li>4. Ten years or more</li> </ul>	<p><b>What was the main reason for leaving the last job/business? (Read all the options to the respondent)</b></p> <ul style="list-style-type: none"> <li>01. Dismissed or made redundant</li> <li>02. A job of limited duration has ended</li> <li>03. Personal or family responsibilities</li> <li>04. Own illness or disability</li> <li>05. Education or training</li> <li>06. Early retirement</li> <li>07. Normal retirement</li> <li>08. Could not do the job</li> <li>09. Did not like the job</li> <li>10. Did not like the employer</li> <li>11. The pay was too low</li> <li>12. Not consistent with qualification</li> <li>13. Violence/harassment at work place, Security/law &amp; order situation.</li> <li>14. Other (<b>Specify</b>)</li> </ul>	<p><b>Did (Name) receive any of the following benefits from any organization?</b></p> <ul style="list-style-type: none"> <li>1. Old age benefit</li> <li>2. Disability benefit</li> <li>3. Unemployment benefit</li> <li>4. Child Stipend</li> <li>5. Other (<b>Specify</b>)</li> <li>6. None</li> </ul> <p><b>(This interview is completed. Go to next person or household as the case may be).</b></p>
<b>P.S.N.</b>	<b>(9.14) Code</b>	<b>(9.15) Code</b>	<b>(9.16) Code</b>	<b>(9.17) Code</b>