



# CM10LABOUR FORCE SURVEY

The 2025 Gambia Labour Force Survey



HOUSEHOLD INFORMATION PANEL				HH
HH1. Cluster number: _____		HH2. Household number: _____		
HH3. Interviewer's name and number: NAME _____		HH4. Supervisor's name and number: NAME _____		
HH5. Household head's name: _____ Contact number 1: _____ Contact number 2: _____				
HH6. Day / Month / Year of interview: _____ / _____ / 2025		HH8. LGA:		
HH7. AREA:	URBAN	1	BANJUL	1
	RURAL	2	KANIFING	2
			BRIKAMA	3
			MANSAKONKO	4
			KEREWAN	5
			KUNTAUR	6
			JANJANBUREH	7
			BASSE	8

		<b>HH9. Start time of Household Interview</b> HOURS : MINUTES ____ : ____	
<b>HH10.</b> Hello, my name is ( <i>your name</i> ). I am from The <b>Gambia Bureau of Statistics</b> . We are conducting a survey about the labour force. The information we collect will help the government plan for employment. Your HH was selected for the survey. I would like to talk to you about this subject. This interview usually takes about <b>45</b> minutes. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know.			
YES NO/NOT ASKED		1 2	1 ⇨ HL2 (LIST OF HOUSEHOLD MEMBERS) 2 ⇨ HH11
<b>HH11. Result of Household Questionnaire interview:</b>  <i>Discuss any result not completed with Supervisor.</i>	COMPLETED NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME REFUSED POSTPONED DWELLING VACANT OR ADDRESS NOT A DWELLING DWELLING DESTROYED DWELLING NOT FOUND PARTIALLY COMPLETED OTHER ( <i>SPECIFY</i> )		1 2 3 4 5 6 7 8 9 96

## HOUSEHOLD MEMBER ROSTER

First complete HL2 for all members of the household. Then proceed with HL3 and HL4 vertically. Once HL2-HL4 is complete for all members, make sure to probe for additional members: Those that are not currently at home, any infants or small children and any others who may not be family (such as servants, friends) but who usually live in the household. Then, ask questions HL5-HL14 for each member one at a time.

HL1. Line number	HL2. Please state the names of all usual residents (and visitors of the household who have stayed here for 6 or more months), starting with the head of the household.  Probe for additional household members	HL3. What is the relationship of (name) to (name of the head of the household)?	HL4. Is (name) male or female?  MALE 1 FEMALE 2	HL5. What is (name)'s date of birth?  if possible, ask the respondent to provide an official document such as birth certificate, id card, or passport to confirm DOB.  DK 97 DK 9997	HL6. How old is (name)?  Record in completed years.  if age < 1-year record 00  If age is 98 or older enter 98	HL7. Is (name) 12 years or older?  YES 1 NO 2 HL10	HL8. What is the current marital status of (name)?  read the options  NEVER MARRIED 1 MARRIED 2 COHABITING/LIVING TOGETHER 3 DIVORCED / SEPARATED / WIDOWED 4  IF 1 → HL10 IF 3 → HL10 IF 4 → HL10	HL9. What is (name)'s type of union?  MONOGAMOUS 1 POLYGAMOUS 2	HL10. What is (name)'s nationality?  GAMBIAN A SENEGALESE B NIGERIAN C SIERRA LEONEAN D LIBERIAN E GHANAIAN F GUINEAN G BISSAU GUINEAN H MAURITANIAN I OTHER WEST AFRICAN J OTHER AFRICAN K NON-AFRICAN L  (if HL10 ≠ A ⇒ HL12)	HL11. What is (name)'s ethnicity?  MANDINKA/JAHANKA 1 FULA/TUKULUR/LOROBO 2 WOLLOF 3 JOLA/KARONINKA 4 SARAHULE 5 SERERE 6 CREOLE/AKU MARABOUT 7 MANJAGO 8 BAMBARA 9 OTHER (SPECIFY) 96
E	NAME	RELATION	M F	MONTH YEAR	AGE					
01		_____		__ __	__	_____				
02		_____		__ __	__	_____				
03		_____		__ __	__	_____				
04		_____		__ __	__	_____				
05		_____		__ __	__	_____				
06		_____		__ __	__	_____				
07		_____		__ __	__	_____				
Codes for HL3: Relationship to head of household										
HEAD	1	GRANDSON/DAUGHTER	5	BROTHER-IN-LAW/SISTER-IN-LAW	9	ADOPTED/FOSTER/STEPCHILD	13	OTHER (NOT RELATED)	96	
SPOUSE/PARTNER	2	PARENT	6	UNCLE/AUNT	10	SERVANT (LIVE-IN)	14	DON'T KNOW	97	
SON/DAUGHTER	3	PARENT-IN-LAW	7	NIECE/NEPHEW	11	CO-WIVES	15			
SON-IN-LAW/DAUGHTER-IN-LAW	4	BROTHER/SISTER	8	OTHER RELATIVE	12	GRANDPARENT	16			

<b>HL1. Line number</b>	<b>HL12.</b> What is <i>(name)</i> 's religion?   <div>             ISLAM             <div>1</div> </div> <div>             CHRISTIANITY             <div>2</div> </div> <div>             TRADITIONAL             <div>3</div> </div> <div>             NO RELIGION             <div>4</div> </div> <div>             OTHER RELIGION (<i>SPECIFY</i>)             <div>96</div> </div>
<b>LINE NUMBER</b>	
01	
02	
03	
04	
05	
06	

HOUSEHOLD SOURCES OF LIVELIHOOD		HH14.	
READ: Now I want to ask you a few questions about the household...		In the last 12 months, which of those was the MAIN source of support of this household?	
HH13.		Only responses/options selected in hl13 should be displayed here	
In the last 12 months, from [MO] up to last month, which of the following sources of support did the household have?			
Multiple responses possible			
INCOME FROM HOUSEHOLD FARMING OR FISHING	A	INCOME FROM HOUSEHOLD FARMING OR FISHING	1
INCOME FROM A HOUSEHOLD BUSINESS (OTHER THAN FARMING OR FISHING)	B	INCOME FROM A HOUSEHOLD BUSINESS (OTHER THAN FARMING OR FISHING)	2
INCOME FROM A PAID JOB (HELD BY A HOUSEHOLD MEMBER OR YOURSELF)	C	INCOME FROM A PAID JOB (HELD BY A HOUSEHOLD MEMBER OR YOURSELF)	3
FOOD PRODUCED BY THE HOUSEHOLD FROM FARMING, RAISING ANIMALS OR FISHING	D	FOOD PRODUCED BY THE HOUSEHOLD FROM FARMING, RAISING ANIMALS OR FISHING	4
MONEY OR SUPPORT FROM PEOPLE LIVING ABROAD	E	MONEY OR SUPPORT FROM PEOPLE LIVING ABROAD	5
SUPPORT FROM OTHER HOUSEHOLDS IN THE GAMBIA	F	SUPPORT FROM OTHER HOUSEHOLDS IN THE GAMBIA	6
INCOME FROM PROPERTIES, INVESTMENTS OR SAVINGS	G	INCOME FROM PROPERTIES, INVESTMENTS OR SAVINGS	7
PRIVATE OR STATE PENSION OR [OTHER GOVERNMENT SUPPORT]	H	PRIVATE OR STATE PENSION OR [OTHER GOVERNMENT SUPPORT]	8
CHARITY FROM OTHER CHARITABLE ORGANIZATIONS	I	CHARITY FROM OTHER CHARITABLE ORGANIZATIONS	9
OTHER (SPECIFY): _____	J	OTHER (SPECIFY): _____	96
		CANNOT SAY	997

EDUCATION										ED
LINE NUMB ER	IF AGED 3 YEARS OR OLDER				IF AGED 3 YEARS OR OLDER					
	EVER ATTENDED SCHOOL				CURRENT ATTENDANCE				REASON FOR NEVER BEEN TO SCHOOL	
ED1	ED2	ED3		ED4	ED5		ED6			
	Has (NAME) ever attended school? [includes conventional & madrassah]	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?		Did (NAME) attend school at any time during the 2024-2025 school year?	During this school year, what level and grade is (NAME) attending?		What was the main reason (NAME) never attended school?			
	YES 1 NO 2 DON'T 9 KNOW 7  IF 2⇒ED6  IF 97⇒ED7	LEVEL <input type="checkbox"/>  ECE 0 PRIMARY 1 LOWER SECONDARY 2 UPPER SECONDARY 3 VOCATIONAL 4 DIPLOMA 5 HIGHER 6 9 DON'T KNOW 7  IF 97⇒ED4	GRADE/YEAR <input type="checkbox"/>  <input type="checkbox"/>  DON'T KNOW 97  RANGE FOR CAPI ECE (1-4) PRIMARY (1-6) LOWER SECONDARY (1-3) UPPER SECONDARY (1-3) VOCATIONAL (1-2) DIPLOMA (1-3) HIGHER (1-12) At each level add 0 for no grade completed	YES 1 NO 2 DON'T 9 KNOW 7  IF 2⇒ED7  IF 97⇒ED7	LEVEL <input type="checkbox"/>  ECE 0 PRIMARY 1 LOWER SECONDARY 2 UPPER SECONDARY 3 VOCATIONAL 4 DIPLOMA 5 HIGHER 6 9 DON'T KNOW 7  IF 97⇒ED7	GRADE/YEAR: <input type="checkbox"/> <input type="checkbox"/>  DON'T KNOW 97  RANGE FOR CAPI ECE (1-4) PRIMARY (1-6) LOWER SECONDARY (1-3) UPPER SECONDARY (1-3) VOCATIONAL (1-2) DIPLOMA (1-3) HIGHER (1-12)  ENTER GRADE/YEAR⇒ED7	WORK OBLIGATIONS 1 FINANCIAL CONSTRAINTS/TOO EXPENSIVE 2 LACK OF ACCESS TO SCHOOLS/TOO FAR 3 PARENTS DID NOT VALUE EDUCATION/NOT USEFUL 4 FAMILY RESPONSIBILITIES 5 HEALTH ISSUES/DISABILITY/ILLNESS 6 RELIGIOUS OR CULTURAL BELIEFS 7 EARLY MARRIAGE OR PREGNANCY 8 TOO YOUNG 9 ATTENDING DARA/KORANIC MEMORISATION 10 OTHER (SPECIFY) 96 DON'T KNOW 97			

01							
02							
03							
04							
05							

EDUCATION	ASK IF ED3 (LEVEL) is 0, 1, 4 or 97	ASK IF ED3 = [4, 5,6]	ASK IF ED2=[2, 97] OR ED4=[2, 97] AND AGE IS 15 YEARS OR OLDER
LINE NUMBER	LITERACY	FIELD OF STUDY	TRAINING IN THE LAST 4 WEEKS
ED1	ED7	ED8	ED9
	Can ( <b>NAME</b> ) read and write in any language?	What was (your/ <b>NAME</b> 's) field of study?	In the last 4 weeks, did ( <b>name</b> ) attend any courses, seminars or other training to develop specific skills, for example languages, computer skills, plumbing etc.? This include technical and vocational trainings
	1. YES, READ AND WRITE 2. YES, READ ONLY 3. NO	GENERIC PROGRAMMES AND QUALIFICATIONS 0 EDUCATION 1 ARTS AND HUMANITIES 2 SOCIAL SCIENCES, JOURNALISM AND INFORMATION 3 BUSINESS, ADMINISTRATION AND LAW 4 NATURAL SCIENCES, MATHEMATICS AND STATISTICS 5 INFORMATION AND COMMUNICATION TECHNOLOGIES 6 ENGINEERING, MANUFACTURING AND CONSTRUCTION 7 AGRICULTURE, FORESTRY, FISHERIES AND VETERINARY 8 HEALTH AND WELFARE 9 SERVICES 10	YES 1 NO 2 DON'T KNOW 97
01			
02			
03			
04			
05			



TR1. <i>Line number</i>	TR2. <i>Name and age.</i>	TR3. Has <i>(name)</i> attended a training course in the last 12 months?	TR4. What is <i>(name)</i> 's sector of training?	TR5. Name of training Course/programme?	TR6. Who was the main sponsor for the training?	TR7. Was the training part of <i>(name)</i> 's regular work?	TR8. Did <i>(name)</i> complete the training?	TR9. How many months did/does the training take?
	<i>Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.</i>	Interviewer: Includes attending a trade, technical or vocational trainings  YES 1 NO 2 DON'T KNOW 97  <b>If 2 OR 97 skip to next</b>	FORMAL 1 NON-FORMAL 2 DON'T KNOW 97  <b>If 97, skip to next person</b>  <b>CAPI: VALUESET UPDATED</b>  <i>Interviewer: formal training has somewhat fixed curriculum leading to nationally recognized qualification</i>	<b>Interviewer:</b> <i>e.g. Accountancy, Nursing, Construction, Information Communication &amp; Technology, Tailoring &amp; Fashion Design, Tourism and Hospitality, Tie dye &amp; Batik etc.</i> _____	EMPLOYER 1 SELF-FINANCING / PARENTS 2 PRIVATE INSTITUTIONS/AGENCIES/PERSONS 3 NON-PROFIT ORGANIZATION/CHARITY 4 INTERNATIONAL ORGANIZATION 5 RELATIVES 6 OTHER (SPECIFY) 96 DON'T KNOW 97  <b>CAPI: In this module, a question has been deleted (TR10), the sequencing of the questions changed, valueset updated</b>	YES 1 NO 2 DON'T KNOW 97	YES, WITH CERTIFICATE 1 YES, WITHOUT CERTIFICATE 2 TRAINING IS ONGOING 3 NO/DROPPED-OUT 4	Record in months  <b>CAPI: Ask if TR8 is 1,2,3</b>
LINE	NAME	AGE						
01		___				__ __		
02		___				__ __		
03		___				__ __		
04		___				__ __		
05		___				__ __		
06		___				__ __		
07		___				__ __		

These sets of questions should be asked to all household members						
<b>IM1.</b> Line number	<b>IM2.</b> Name and age.  Copy names and ages of all household members from HL2 and HL3 below		<b>IM3.</b> How many years have you lived in this village/town/city?  Enter <b>00</b> if less than 1 year  Enter <b>99</b> if the respondent has lived here since birth and skip to next person	<b>IM4.</b> Which LGA did <b>(name)</b> move from?  If moved from abroad, write the name of the country  BANJUL 1 KANIFING 2 BRIKAMA 3 MANSAKONKO 4 KEREWAN 5 KUNTAUR 6 JANJANBUREH 7 BASSE 8 ABROAD (SPECIFY COUNTRY) 9 <b>CAPI: Country codes to be provided</b>	<b>IM5.</b> What was <b>(NAME)</b> main reason for moving to this LGA?  TO TAKE UP A JOB 1 JOB TRANSFER 2 TO LOOK FOR A PAID JOB 3 TO LOOK FOR ANY OTHER WORK 4 TO STUDY 5 MARRIAGE 6 FAMILY MOVED/JOINING FAMILY 7 MEDICAL TREATMENT, HEALTH 8 CONFLICT, POLITICAL, INSECURITY, NATURAL DISASTER 9 LIFESTYLE, COST-OF-LIVING 10 FOR BETTER HOUSING OTHER (SPECIFY) 96 <b>CAPI: Only the main reason is kept. The question text and valueset is new. IM5b and IM5c have been deleted.</b>	<b>IM6.</b> In which LGA was <b>(name)</b> born?  if born abroad, please write the name of the country  BANJUL 1 KANIFING 2 BRIKAMA 3 MANSAKONKO 4 KEREWAN 5 KUNTAUR 6 JANJANBUREH 7 BASSE 8 ABROAD (SPECIFY COUNTRY) 9 <b>CAPI: Country codes to be provided</b>
LINE	NAME	AGE	YEARS			
01		—				
02		—				
03		—				
04		—				
05		—				

INTERNATIONAL MIGRATION STATUS (MIG) FOR ALL HOUSEHOLD MEMBERS										MIG	
MIG1. <i>Line number</i>	MIG2. <i>Name and age.</i>		MIG3 Was <b>(NAME)</b> born in The Gambia?	MIG4 In which country was <b>(NAME)</b> born?	MIG5 When did <b>(NAME)</b> arrive to live in The Gambia?	MIG6 How long has <b>(NAME)</b> been living in The Gambia?	MIG7 What was <b>(NAME)</b> 's main reason for moving to The Gambia?	MIG8 Is <b>(NAME)</b> a citizen of...?	MIG9 Which other country is <b>(NAME)</b> a citizen of...?		
			YES 1			READ LESS THAN 12 MONTHS ONE YEAR 02	TO TAKE UP A JOB 1 JOB TRANSFER 2 TO LOOK FOR A PAID JOB 3 TO LOOK FOR ANY OTHER WORK 4	READ AND MARK ALL THAT APPLY THE GAMBIA a. →Next person	SENEGAL B		
			NO 2	SENEGAL 1	A. _____ MONTH (MM)	TO LESS THAN 5 YEARS FIVE YE 03	MARRIAGE 5 FAMILY MOVED/JOINING 6 FAMILY 7	Another co ntry b. DO NOT READ [STATELESS] c. →Next person	NIGERIA C		
			If 1→MIG8	SIERRA LEONE 3	B. _____ YEAR(YYYY) → MIG7	RS TO LESS THAN 10 YEARS TEN 04	MEDICAL TREATMENT, HEALTH 8 CONFLICT, POLITICAL, INSECURITY, NATURAL DISASTER 9		SIERRA LEONE D		
				LIBERIA 4	97 DON'T KNOW	YEARS OR MORE	LIFESTYLE, COST-OF-LIVING 10 FOR BETTER HOUSING 96 OTHER (SPECIFY): _____		LIBERIA E		
				GHANA 5	9997 DON'T KNOW			CAPI: Option C can't be selected with other options	GHANA F		
				GUINEA 6					GUINEA G		
				BISSAU GUINEA 7					BISSAU GUINEA H		
				MAURITANIA 8					MAURITANIA I		
				OTHER WEST AFRICA 9					OTHER J		
				OTHER AFRICA 10					WEST AFRICA K		
				NON-AFRICA 11					OTHER AFRICA L		
				DON'T KNOW 97					NON-AFRICA Z		
LINE	NAME	AGE									
01		—									
02		—									
03		—									
04		—									
05		—									
06		—									
07		—									

**FUNCTIONING (FN): ALL HH MEMBERS THAT ARE 15 YEARS OR OLDER**
**FN**

The next questions ask about difficulties you may have in doing certain activities.

All HH members that are 15 years or older

FN1. Line number	FN2. Name and age.	FN3. (Do/does) (you/NAME) have difficulty seeing, even if wearing glasses? Would you say...?  READ	FN4. (Do/does) (you/NAME) have difficulty hearing, even if using a hearing aid?  READ	FN5. (Do/does) (you/NAME) have difficulty walking or climbing steps?  READ	FN6. (Do/does)(you/NAME) have difficulty remembering or concentrating?  READ
	Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	NO, NO DIFFICULTY 1 YES, SOME DIFFICULTY 2 YES, A LOT OF DIFFICULTY 3 CANNOT DO IT AT ALL 4 DON'T KNOW 97 REFUSED 99	NO, NO DIFFICULTY 1 YES, SOME DIFFICULTY 2 YES, A LOT OF DIFFICULTY 3 CANNOT DO IT AT ALL 4 DON'T KNOW 97 REFUSED 99	NO, NO DIFFICULTY 1 YES, SOME DIFFICULTY 2 YES, A LOT OF DIFFICULTY 3 CANNOT DO IT AT ALL 4 DON'T KNOW 97 REFUSED 99	NO, NO DIFFICULTY 1 YES, SOME DIFFICULTY 2 YES, A LOT OF DIFFICULTY 3 CANNOT DO IT AT ALL 4 DON'T KNOW 97 REFUSED 99
LINE	NAME	AGE			
01		___			
02		___			
03		___			
04		___			
05		___			
06		___			
07		___			

<b>FN1. Line number</b>	<b>FN2. Name and age.</b>  <i>Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.</i>		<b>FN7. (Do/does) (you/NAME) have difficulty with (self-care such as) washing all over or dressing?</b>  <i>READ</i>  NO, NO DIFFICULTY 1 YES, SOME DIFFICULTY 2 YES, A LOT OF DIFFICULTY 3 CANNOT DO IT AT ALL 4 DON'T KNOW 97 REFUSED 99	<b>FN8. Using (your/his/her) (usual/customary) language, (do/does) (you/NAME) have difficulty communicating for example understanding or being understood by others?</b>  <i>READ</i>  NO, NO DIFFICULTY 1 YES, SOME DIFFICULTY 2 YES, A LOT OF DIFFICULTY 3 CANNOT DO IT AT ALL 4 DON'T KNOW 97 REFUSED 99
LINE	NAME	AGE		
01		—		
02		—		
03		—		
04		—		
05		—		
06		—		
07		—		


<b>HH12: End Time of Household Interview</b>	
HOURS	: MINUTES
—	: —

INDIVIDUAL INFORMATION PANEL		II
II1. Cluster number: _____	II2. Household number: _____	
II3. Interviewer's name and number: NAME _____	II4. Supervisor's name and number: NAME _____	
II5. Individual's name and line number: NAME ..... _____	II6: Day / Month / Year of Individual interview ____ / ____ / <u>2</u> <u>0</u> <u>2</u> 5	

For household members aged 10 years or older		II7. START TIME OF INDIVIDUAL INTERVIEW	
		HOURS : MINUTES ____ : ____	
<p>II8. Hello, my name is (<b>your name</b>). I am from The <b>Gambia Bureau of Statistics</b>. We are conducting a survey about the labour force. The information we collect will help the government plan for employment. Your HH was selected for the survey. I would like to talk to you about this subject. This interview usually takes about <b>45</b> minutes. All the information we obtain will remain strictly confidential and anonymous. If you do not wish to answer a question or stop the interview, please let me know. May I start now?</p>			
YES	1	<div style="border: 1px solid black; padding: 2px;"> 1 ⇒ EMP4 (LEMPLOYMENT MODULE)  2 ⇒ II9 </div>	
NO/NOT ASKED	2		
II9. Results of individual interviews: <i>Discuss any result not completed with Supervisor.</i>			
	COMPLETED		1
	NOT AT HOME		2
	REFUSED		3
	PARTIALLY COMPLETED		4
	INCAPACITATED (SPECIFY)		5
	POSTPONED		6
	OTHER (SPECIFY)		96

**EMPLOYMENT LAST CALENDAR WEEK (MONDAY TO SUNDAY) - FOR PERSONS AGE 15 YEARS OR OLDER**
**EMP**

*Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.*

EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is ( <b>name</b> ) 15 years or older?  1 YES  2 NO  Next person	EMP4. Last calendar week, from last (Monday) up to (Sunday), did ( <b>NAME</b> ) work for someone else for pay, for one or more hours? (including casual or piece work for cash payment, or in-kind payment or in exchange for food or housing)  YES      1      →CM1 NO        2	EMP5. Last calendar week, from last (Monday) up to (Sunday), did ( <b>NAME</b> ) run or do any kind of business, farming or other activity to generate income? E.g.: growing (e.g. Producing farm products for sale or exchange; Making or repairing things for sale; Selling things in the street, local market, or in a shop; Shining shoes, guarding cars or similar activities for tips; Any other activity to generate income; etc.)  YES      1      →EMP13 NO        2	EMP6. Last calendar week, from last (Monday) up to (Sunday), did ( <b>NAME</b> ) help in a family business or farm? (E.g. Help a family member engaged in an activity to generate income for the family; Help to produce farm products for sale or exchange; Help to make or sell things for sale or exchange; Guarding or cleaning the family business; etc.)  YES      1      →EMP13 NO        2
LINE	NAME	AGE			
01		— —			
02		— —			
03		— —			
04		— —			
05		— —			
06		— —			
07		— —			

EMPLOYMENT LAST CALENDAR WEEK (MONDAY TO SUNDAY) - FOR PERSONS AGE 15 YEARS OR OLDER								EMP
Now I would like to ask you questions about activities done in the last calendar week (Monday to Sunday).								
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.								
EMP1. Line number	EMP2. Name and age.	EMP7. Did (NAME) have a paid job or income generating activity, but did not work last calendar week?	EMP8. Why was (name) absent from your work last calendar week?	EMP9. Including the time that (NAME) has been absent, will (he/she) return to that same job or business in 3 months or less?	EMP10. Does (NAME) continue to receive an income from (his/her) job or business during this absence?	EMP11. During the low or off-season, does (NAME) continue to do some work for that job or business?	EMP12. Last calendar week, did (NAME) do any work in... ?	
		YES 1 NO 2→EMP12	WAITING TO START NEW JOB OR BUSINESS 1→EMP12 LOW OR OFF-SEASON 2→EMP11 SHIFT WORK, FLEXI TIME, NATURE OF WORK 3→EMP13 VACATION, HOLIDAYS 4→EMP13 SICKNESS, ILLNESS, ACCIDENT 5→EMP13 MATERNITY, PATERNITY LEAVE 6→EMP13 EDUCATION LEAVE OR TRAINING 7 OTHER PERSONAL LEAVE (CARE FOR FAMILY, CIVIC DUTIES) 8 TEMPORARY LAYOFF, NO CLIENTS OR MATERIAL, WORK BREAK 9 BAD WEATHER, NATURAL DISASTER 10 STRIKE OR LABOUR DISPUTE 11 LONG-TERM DISABILITY 12 OTHER (SPECIFY) 96	YES 1→EMP13 NO 2 DON'T KNOW 97	YES 1→EMP13 NO 2→EMP12 DON'T KNOW 97→EMP12	YES 1→EMP13 NO 2	Read and mark all that apply  FARMING A→EMP14 REARING FARM ANIMALS B→EMP14 FISHING OR FISH FARMING C→EMP14 NONE OF THE ABOVE D→JS1	
LINE	NAME	AGE						
01		— —						
02		— —						
03		— —						
04		— —						
05		— —						
06		— —						



07		— —					
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EMPLOYMENT LAST CALENDAR WEEK (MONDAY TO SUNDAY) - FOR PERSONS AGE 15 YEARS OR OLDER								EMP	
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.									
<b>EMP1.</b> Line number	<b>EMP2.</b> Name and age.	<b>EMP13.</b> Was this work that <b>(NAME)</b> mentioned in...?  Read and mark all that apply  FARMING <b>A</b>  REARING FARM ANIMALS <b>B</b>  FISHING OR FISH FARMING <b>C</b>  ANOTHER TYPE OF JOB OR BUSINESS <b>D→CM1</b>  CAPI: D should not be selected with any other option. Multiple selection applies to only A, B, C.		<b>EMP14.</b> Thinking about the work in (farming, rearing animals [and/or fishing]) <b>(NAME)</b> does, are the products intended..... ?  ONLY FOR SALE/EXCHANGE <b>1→CM1</b>  MAINLY FOR SALE/EXCHANGE <b>2→CM1</b>  MAINLY FOR FAMILY USE <b>3</b>  ONLY FOR FAMILY USE <b>4</b>		<b>EMP15.</b> Was <b>(NAME)</b> hired by someone else to do this work?  YES <b>1→CM1</b>  NO <b>2</b>	<b>EMP16.</b> What are the main products from (farming, rearing animals, [and/or fishing]) that <b>(NAME)</b> was working on?  For example: [citrus fruits, vegetables, freshwater fish, cattle, chicken, rice]  <div> <b>EMP16.</b> _____  <div>MAIN GOODS</div> </div> <div> <b>EMP16a. ISIC CODE:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<b>EMP17.</b> Last calendar week, on how many days did <b>(NAME)</b> do this work?  _____	<b>EMP18.</b> How many hours per day did <b>(NAME)</b> spend doing this last week?  _____ → JS1
LINE	NAME	AGE							
01		— —							
02		— —							
03		— —							

**CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY FOR EMPLOYED PERSONS AGED 10 YEARS OR OLDER**
**CM**

*Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.*

EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	CM0. Is (name) 15 years or older?  1 YES 2 NO ↕  Next person	CM1. Last calendar week did you have more than one job or business?  YES – MORE THAN ONE JOB OR BUSINESS 1 NO – ONLY ONE JOB OR BUSINESS 2	CM1a: Name of Place of work or description of place of work/location of the main job  e.g. NAWEC, Kanifing Police Station, street seller, stall in a market, shop etc.  _____	CM2. IF CM1=2 read: What is the main activity of your establishment or business where you worked?  IF CM1=1 read: Thinking about the job/business in which you usually work the most hours, what is the main activity of your establishment or business where you worked?  (E.g. Restaurant – preparing and serving meals; shop – selling groceries, Farm – cultivating cotton, Workshop – repairing bicycles, etc.)  CM2. _____ MAIN ACTIVITY  CM2a. _____ GOODS OR SERVICES  CM2b. ISIC CODE: □□□□	CM3. What kind of work do you usually do in your Main job/business or what is your main occupation in this establishment or business? Write the job title, if any (example: Farmer - harvesting crops; Weaver – stitching and folding garments; Waiter – serving meals; Teacher – Primary school teacher; Domestic worker – cleaning garden)  CM3. _____ OCCUPATIONAL TITLE, IF ANY  CM3b. _____ MAIN TASKS AND DUTIES  CM3c. ISCO CODE: □ □□□
LINE	NAME	AGE				
01		—				
02		—				

03		—				
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CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY FOR EMPLOYED PERSONS AGED 15 YEARS OR OLDER						CM
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.						
<b>EMP1.</b> Line Number	<b>EMP2.</b> Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	<b>CM0.</b> Is (name) 15 years or older?  1 YES 2 NO ☺  Next person	<b>CM5.</b> Does (NAME) work...?  AS AN EMPLOYEE 1→CM10 IN (HIS/HER) OWN BUSINESS OR ACTIVITY 2→CM7 HELPING IN A FAMILY OR HOUSEHOLD BUSINESS 3 AS AN APPRENTICE, INTERN 4→CM10 HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE 5→CM10 ELSE  <b>CAP:</b> Update only value labels		<b>CM6.</b> Who usually makes the decisions about the running of the family business?  (NAME) 1 (NAME) TOGETHER WITH OTHERS 2 OTHER FAMILY MEMBER(S) ONLY 3→CM11 OTHER (NON-RELATED) PERSON(S) ONLY 4→CM11  <b>CAP:</b> Value labels updated, (NAME) should be filled automatically	<b>CM7.</b> Does the business hire any paid employees on a regular basis?  YES 1→CM21 NO 2  <i>Note: The skip to CM21 is to ensure seasonality is captured for employers</i>
LINE	NAME	AGE				
01		—				
02		—				
03		—				

CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY FOR EMPLOYED PERSONS AGED 10 YEARS OR OLDER					CM
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.					
<b>EMP1.</b> Line Number	<b>EMP2.</b> Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		<b>CM0.</b> Is (name) 15 years or older?  1 YES 2 NO ↘  Next person	<b>CM8.</b> Does more than half of (NAME)'s income from the [business/activity] come from ...?  <i>Instruction: read out categories 1 and 2</i>  <div> ONE SINGLE CLIENT/CUSTOMER      1 → <b>CM9B</b>  MULTIPLE CLIENTS/CUSTOMERS      2  HAVE NOT HAD ANY CLIENTS YET      3 → <b>CM25</b> </div>	<b>CM9.</b> Do you get your customers, clients or buyers through someone else, for example from another company, intermediary or person?  <i>Instruction: read and select one only!</i>  <div> YES, ALL OF THEM      1 → <b>CM9B</b>  YES, MOST OF THEM      2 → <b>CM9B</b>  YES, BUT ONLY SOME OF THEM      3 → <b>CM25</b>  NO      4 → <b>CM25</b> </div>
LINE	NAME	AGE			
01		—			
02		—			
03		—			

LINE NUMBER	<b>CM9B.</b> Does this client /company /intermediary /person (...)?		
	<i>INSTRUCTION: READ</i>		
	1. SET THE PRICE OF THE PRODUCTS OR SERVICES THAT YOU OFFER	YES NO	1 2
	2. SET THE MINIMUM AMOUNT OF SALES OR TASKS YOU MUST COMPLETE	YES NO	1 2
	3. SET THE PLACES, ROUTES OR AREAS WHERE YOU DO YOUR WORK	YES NO	1 2
	4. DECIDE HOW TO ORGANIZE THE WORK	YES NO	1 2
	5. DECIDE THE SUPPLIER(S) TO USE	YES NO	1 2
	6. PROVIDE THE PREMISES OR MACHINES YOU USE	YES NO	1 2
Answer CM9B and →CM25			
LINE			
01			
02			
03			
04			
05			
06			

LINE NUMBER	<b>CM10.</b> In this job, is <b>(NAME)</b> working in....?		<b>CM11.</b> Which of the following types of pay does <b>(NAME)</b> receive for this work?		<b>CM12.</b> Who pays <b>(NAME)</b> for that work?	
	THE GOVERNMENT OR A STATE-OWNED ENTERPRISE	1			PLACE/UNIT WHERE THEY WORK	1
	A FARM	2	A WAGE OR SALARY	A	ANOTHER AGENCY/AGENT THAT ORGANIZES THE WORK	2
	A PRIVATE BUSINESS (NON-FARM)	3	PAYMENT BY PIECE OF WORK COMPLETED	B	OTHER (SPECIFY)	96
	A HOUSEHOLD(S) AS A DOMESTIC WORKER	4	COMMISSIONS	C		
	AN NGO, NON-PROFIT INSTITUTION, CHURCH	5	TIPS	D		
	AN INTERNATIONAL ORGANIZATION OR A FOREIGN EMBASSY	6	FEES FOR SERVICES PROVIDED	E		
			PAYMENT WITH MEALS OR ACCOMMODATION	F		
			PAYMENT IN PRODUCTS	G		
			OTHER CASH PAYMENT (SPECIFY): _____	H		
		NOT PAID I	I → CM25			
LINE						
01						
02						
03						

**CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY AND INCOME**
**CM**
**FOR EMPLOYED PERSONS AGED 15 YEARS OR OLDER**
*Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.*

EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	CM0. Is (name) 15 years or older?  1 YES 2 NO ☺  Next person	CM13. Does (NAME) have a written contract or oral agreement for the work (he/she) does?  YES, WRITTEN CONTRACT 1 YES, ORAL AGREEMENT 2 DON'T KNOW 97→CM21	CM14. Does (NAME)'s contract or agreement specify the number of hours he/she is supposed to work?  YES 1→CM16 NO 2	CM15. Is (NAME) at least guaranteed that (he/she) will get some work or hours in his/her job?  YES, MINIMUM HOURS OR WORK GUARANTEED 1→CM17 NO, 0-HOUR CONTRACT, CONTACTED WHEN NEEDED 2→CM17	CM16. What is (NAME)'s agreed or contractual working hours per week in this job?  _____ HOURS PER WEEK  97 FOR DON'T KNOW
LINE	NAME	AGE				
01		— —				
02		— —				
03		— —				

+

**CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY FOR EMPLOYED PERSONS AGED 15 YEARS OR OLDER**
**CM**

*Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.*

EMP1. Line Number	EMP2. Name and age.  <i>Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.</i>	CM0. Is (name) 15 years or older?  1 YES 2 NO ↘  Next person	CM17. Is (NAME)'s contract or agreement....?  FOR A SPECIFIED PERIOD OF TIME 1 UNTIL THE DATE A TASK IS COMPLETED 2 PERMANENT OR UNTIL RETIREMENT 3→CM22 ONGOING WITH NO SPECIFIED END DATE 4→CM22	CM18. How long in total is (NAME)'s current agreement?  DAILY CONTRACT/AGREEMENT 1 LESS THAN ONE MONTH 2 1 TO LESS THAN 3 MONTHS 3 3 TO LESS THAN 6 MONTHS 4 6 TO LESS THAN 12 MONTHS 5 12 TO LESS THAN 24 MONTHS 6 TWO YEARS OR MORE 7 NO SPECIFIED DURATION 8→CM21
LINE	NAME	AGE		
01		—		
02		—		
03		—		

LINE NUMBER	CM19. Which of the following applies to (NAME)'s current agreement?  IT COVERS A PARTICULAR SEASON A→CM22 IT COVERS A PERIOD OF TRAINING (APPRENTICE, TRAINEE, RESEARCH ASSISTANT, ETC) B IT IS PART OF AN EMPLOYMENT CREATION PROGRAM C→CM22 IT S FOR SUBSTITUTE WORK C→CM22 NONE OF THE ABOVE E	CM20. Is (NAME) on a probation period to get a permanent contract?  YES 1→CM22 NO 2→CM22	CM21. Is (NAME)'s work seasonal?  YES 1 NO 2  Skip to CM25 IF CM7=1



CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY FOR EMPLOYED PERSONS AGED 15 YEARS OR OLDER							CM
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.							
<b>EMP1.</b> Line Number	<b>EMP2.</b> Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		<b>CM0.</b> Is (name) 15 years or older?  1 YES 2 NO ↘  Next person	<b>CM22.</b> Does (NAME)'s employer pay contributions to a pension fund or health insurance for him/her?  <i>Interviewer: Pension funds in the Gambia include the Public Service Pension Scheme, the Federated Pension Fund, National Provident Fund (NPF), Special Provisions for National Assembly Members, LGA Authorities and Chiefs</i>  YES 1 NO 2 DON'T KNOW 97	<b>CM23.</b> Does (NAME) get paid annual leave?  YES 1 NO 2 DON'T KNOW 97	<b>CM24.</b> Would (NAME) get paid sick leave in case of illness or injury?  YES 1 NO 2 DON'T KNOW 97	<b>CM25.</b> In what kind of place does (NAME) typically work?  AT (NAME)'s OWN HOME 1 AT THE CLIENT'S OR EMPLOYER'S HOME 2 AT A FARM, AGRICULTURAL LAND OR FISHING SITE 3 AT A BUSINESS, OFFICE, FACTORY, FIXED PREMISE OR SITE 4 ON THE STREET OR ANOTHER PUBLIC SPACE WITHOUT A FIXED STRUCTURE 5 IN/ON A VEHICLE (WITHOUT DAILY WORK BASE) 6 DOOR-TO-DOOR 7 OTHER 8 CANNOT SAY 9 <b>ONLINE 10</b>
LINE	NAME	AGE					
01		—					
02		—					
03		—					

**CHARACTERISTICS OF THE CURRENT MAIN JOB/BUSINESS ACTIVITY FOR EMPLOYED PERSONS AGED 15 YEARS OR OLDER**
**CM**

*Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.*

EMP1. Line Number	CM26. How many persons including (NAME) work at his/her place of work?	CM27. Is the business/establishment (NAME) work(s) for registered with GAMBIA Revenue Authority (GRA)?	CM27a. Is the business/establishment (NAME) work(s) for registered with the Registrar of Companies under the Ministry of Justice (MoJ)?
	1 1	YES, REGISTERED WITH GAMBIA REVENUE AUTHORITY 1	YES, REGISTERED WITH MINISTRY OF JUSTICE 1
	2-4 2	NO REGISTRATION REQUIRED WITH GRA 2→ CM29	NO REGISTRATION REQUIRED WITH MINISTRY OF JUSTICE 2→ CM29
	5-9 3	IN THE PROCESS OF REGISTERING WITH GRA 3→ CM29	IN THE PROCESS OF REGISTERING WITH MINISTRY OF JUSTICE 3→ CM29
	10-19 4	NOT REGISTERED WITH GRA 4→ CM29	NOT REGISTERED WITH MINISTRY OF JUSTICE 4→ CM29
	20-49 5	DON'T KNOW 97→ CM29	DON'T KNOW 97→ CM29
	50+ 6		
LINE			
01			
02			
03			

**CM28.** Is the business **(NAME)** works for an incorporated business?

YES

1→**CM30**

NO

2

DON'T KNOW

97

Interviewer: An incorporated business is a company that is officially registered as a legal entity, separate from its owners, with rights to own property, sign contracts, and be responsible for its own debts.

Examples of incorporated businesses include:

1. Limited Liability Companies - Public (called State-Owned Enterprises): GPA, NAWEC, GNPC, SSHFC, GCCA, Gamtel, Gamcel, etc., **Select YES**

2. Limited Liability Company – Private: Arab Gambian Islamic Bank Ltd. (Agib), Africell etc., **Select YES**

3. Limited Liability Company – Public & Private: Securiport, Single Window Platform, Africard, Weigh Bridge, Comfort Quality Services, Nick TC Scan and Albayrak, **Select YES**

Select **No** for Sole proprietorships, General partnerships, Limited Partnerships or government excluding State-Owned Enterprises.

LINE NUMBER	CM29. What kind of accounts or records does the business keep? Are they...	CM30. Which year did (NAME) begin working in this business or place?	CM31. And which month?
	A COMPLETE SET OF WRITTEN ACCOUNTS FOR TAX PURPOSES 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR DON'T KNOW 9997	JANUARY 1
	SIMPLIFIED WRITTEN ACCOUNTS NOT FOR TAX PURPOSES 2		FEBRUARY 2
	IN 3		MARCH 3
	ORMAL RECORDS OF ORDERS, SALES, PURCHASES 3		APRIL 4
	NO RECORDS ARE KEPT 4		MAY 5
	DON'T KNOW 97		JUNE 6
			JULY 7
			AUGUST 8
			SEPTEMBER 9
			OCTOBER 10
			NOVEMBER 11
			DECEMBER 12
			DON'T KNOW 97
LINE			

**CHARACTERISTICS OF THE SECONDARY JOB / BUSINESS ACTIVITY IN THE LAST CALENDAR WEEK FOR EMPLOYED PERSONS AGED 15 YEARS OR OLDER**
**CS**


*Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.*

EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	CS0. Can I confirm that you had another job/ business in the last 7 days? Check: CM1=1``  1 YES 2 NO →WKT 1	CS1. Considering your second job/ business, what is the activity of your establishment or business in this job?  Examples: Hotel accommodation, retail sell of groceries, custom tailoring of garments, growing rice, repair of electrical equipment For domestic workers in private household, write "domestic service"; for household farming write "farm"	CS2. What is your work/ occupation in this job? Write the job title, if any Examples: Farmer, trishaw puller, fisherman, primary school teacher, marketfood seller, tuition/coaching teacher	CS3. In this second job, does (NAME) work...?  AS AN EMPLOYEE IN HIS/HER OWN BUSINESS ACTIVITY HELPING IN A FAMILY OR HOUSEHOLD BUSINESS AS AN APPRENTICE, INTERN HELPING A FAMILY MEMBER WHO WORKS FOR SOMEONE ELSE	CS4. Does the business hire any paid employees on a regular basis?  YE NO
			<div>CS1. _____</div> <div>MAIN ACTIVITY</div> <hr/> <div>CS1a. _____</div> <div>GOODS OR SERVICES</div> <hr/> <div>CS1b. ISIC CODE: □□□□</div>	<div>CS2. _____</div> <div>OCCUPATIONAL TITLE, IF ANY</div> <hr/> <div>CS2a. _____</div> <div>MAIN TASKS AND DUTIES</div> <hr/> <div>CS2b. ISCO CODE: □□□□</div>	<div>1→CS8</div> <div>2</div> <div>3→CS8</div> <div>5→CS8</div> <div>5→CS8</div>	<div>1→WKT1</div> <div>2</div>
LINE	NAM E	AG E				
01		—				
02		—				
03		—				

CHARACTERISTICS OF THE SECONDARY JOB / BUSINESS ACTIVITY IN THE LAST CALENDAR WEEK FOR EMPLOYED PERSONS AGED 15 YEARS OR OLDER					CS
<b>EMP1. Line Number</b>	<b>EMP2. Name and age.</b>  <i>Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.</i>		<b>CS0.</b> <i>Can I confirm that you had another job/ business in the last 7 days?</i> <i>Check: CM1=1</i>  1 YES 2 NO → WKT1	<b>CS5.</b> Do more than half of <b>(NAME)</b> 's income from the [business/activity] come from ... ?  <i>Instruction: read out categories 1 and 2</i>  ONE SINGLE CLIENT/CUSTOMER 1 → CS7 MULTIPLE CLIENTS/CUSTOMERS 2 HAVE NOT HAD ANY CLIENTS YET 3 → WKT1	<b>CS6.</b> Does <b>(NAME)</b> get his/her customers, clients or buyers through someone else, for example from another company, intermediary or person?  <i>Instruction: read and select one only!</i>  YES, ALL OF THEM 1 1 YES, MOST OF THEM 2 2 YES, BUT ONLY SOME OF THEM 3 WKT1 NO 4 → WKT1
LINE	NAME	AGE			
01		— —			
02		— —			
03		— —			
04		— —			
05		— —			
06		— —			

H

LINE NUMBER	<p><b>CS7.</b> Does this client/company /intermediary /person (...)?</p> <p><i>Instruction: Read</i></p> <table border="1"> <tbody> <tr> <td>1.</td> <td>SET THE PRICE OF THE PRODUCTS OR SERVICES THAT YOU OFFER</td> <td>YES</td> <td>1</td> </tr> <tr> <td></td> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>2.</td> <td>SET THE MINIMUM AMOUNT OF SALES OR TASKS YOU MUST COMPLETE</td> <td>YES</td> <td>1</td> </tr> <tr> <td></td> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>3.</td> <td>DECIDES THE PLACES, ROUTES OR AREAS WHERE YOU DO YOUR WORK</td> <td>YES</td> <td>1</td> </tr> <tr> <td></td> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>4.</td> <td>DECIDE HOW YOU ORGANIZE THE WORK</td> <td>YES</td> <td>1</td> </tr> <tr> <td></td> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>5.</td> <td>DECIDE THE SUPPLIER(S) TO USE</td> <td>YES</td> <td>1</td> </tr> <tr> <td></td> <td></td> <td>NO</td> <td>2</td> </tr> <tr> <td>6.</td> <td>PROVIDE THE PREMISES OR MACHINES YOU USE</td> <td>YES</td> <td>1</td> </tr> <tr> <td></td> <td></td> <td>NO</td> <td>2</td> </tr> </tbody> </table> <p><b>Answer CS7 and →WKT1</b></p>	1.	SET THE PRICE OF THE PRODUCTS OR SERVICES THAT YOU OFFER	YES	1			NO	2	2.	SET THE MINIMUM AMOUNT OF SALES OR TASKS YOU MUST COMPLETE	YES	1			NO	2	3.	DECIDES THE PLACES, ROUTES OR AREAS WHERE YOU DO YOUR WORK	YES	1			NO	2	4.	DECIDE HOW YOU ORGANIZE THE WORK	YES	1			NO	2	5.	DECIDE THE SUPPLIER(S) TO USE	YES	1			NO	2	6.	PROVIDE THE PREMISES OR MACHINES YOU USE	YES	1			NO	2	<p><b>CS8.</b> Which of the following types of pay does <b>(NAME)</b> receive for this work?</p> <p>A WAGE OR SALARY A</p> <p>PAYMENT BY PIECE OF WORK COMPLETED B</p> <p>COMMISSIONS C</p> <p>TIPS D</p> <p>FEES FOR SERVICES PROVIDED E</p> <p>PAYMENT WITH MEALS OR ACCOMMODATION F</p> <p>PAYMENT IN PRODUCTS G</p> <p>OTHER CASH PAYMENT (SPECIFY) H</p> <p>NOT PAID I</p>
1.	SET THE PRICE OF THE PRODUCTS OR SERVICES THAT YOU OFFER	YES	1																																															
		NO	2																																															
2.	SET THE MINIMUM AMOUNT OF SALES OR TASKS YOU MUST COMPLETE	YES	1																																															
		NO	2																																															
3.	DECIDES THE PLACES, ROUTES OR AREAS WHERE YOU DO YOUR WORK	YES	1																																															
		NO	2																																															
4.	DECIDE HOW YOU ORGANIZE THE WORK	YES	1																																															
		NO	2																																															
5.	DECIDE THE SUPPLIER(S) TO USE	YES	1																																															
		NO	2																																															
6.	PROVIDE THE PREMISES OR MACHINES YOU USE	YES	1																																															
		NO	2																																															

WORKING TIME IN EMPLOYMENT FOR EMPLOYED PERSONS AGED 10 YEARS OR OLDER								WKT
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.								
<b>EMP1.</b> Line Number	<b>EMP2.</b> Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		<b>WKT0.</b> Is (name) 15 years or older?  1 YES 2 NO   Next person	<b>WKT1.</b> How many hours does (NAME) usually work per week in his/her main job?  <div> <div>_____</div> <div>HOURS PER WEEK</div> <div>DON'T KNOW 997</div> </div>	<b>WKT2.</b> In total, how many hours did (NAME) actually work in his/her main job last calendar week?  <div> <div>_____</div> <div>HOURS PER WEEK</div> <div>DON'T KNOW 997</div> </div>	Ask if CM1=1, ELSE →WKT8a <b>WKT3.</b> How many hours does (NAME) usually work per week in his/her second job?  <div> <div>_____</div> <div>HOURS PER WEEK</div> <div>DON'T KNOW 997</div> </div>	<b>WKT4.</b> How many hours did (NAME) actually work last calendar week in his/her second job?  <div> <div>_____</div> <div>HOURS PER WEEK</div> <div>DON'T KNOW 997</div> </div>	<b>WKT5.</b> Did (NAME) have any other jobs last calendar week?  YES 1 NO 2 → WKT8a
LINE	NAME	AGE						
01		— —						
02		— —						
03		— —						
04		— —						
05		— —						



WORKING TIME IN EMPLOYMENT FOR EMPLOYED PERSONS AGED 10 YEARS OR OLDER								WKT
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 10 years or older.								
<b>EMP1.</b> Line Number	<b>EMP2.</b> Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		<b>WKT0.</b> Is (name) 15 years or older?  1 YES 2 NO ↕  Next person	<b>WKT6.</b> How many hours does (NAME) usually work per week in all his/her other job(s)?  <div> <div>_____</div> <div>HOURS PER WEEK</div> <div>DON'T KNOW 997</div> </div>	<b>WKT7.</b> How many hours did (NAME) actually work last calendar week in all (his/her) other job(s)?  <div> <div>_____</div> <div>HOURS PER WEEK</div> <div>DON'T KNOW 997</div> </div>	<b>WKT8a.</b> TOTAL HOURS USUALLY WORKED IN ALL JOB(S) (WKT1+WKT3+WKT6)  <div> <input type="checkbox"/> </div>	<b>WKT8b.</b> TOTAL HOURS ACTUALLY WORKED IN ALL JOB(S) (WKT2+WKT4+WKT7)  <div> <input type="checkbox"/> </div>	<b>WKT9.</b> During the last four weeks, that is from [DATE] up to [last DAY/yesterday] did (NAME) look for additional or other paid work?  YES 1 NO 2
LINE	NAME	AGE						
01		— —						
02		— —						
03		— —						
04		— —						
05		— —						

WORKING TIME IN EMPLOYMENT FOR EMPLOYED PERSONS AGED 10 YEARS OR OLDER									WKT
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.									
EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		WKT0. Is (name) 15 years or older?  1 YES 2 NO	ASK ONLY IF WKT8a<35, ELSE GO TO WKT13  WKT10. Would (NAME) want to work more hours per week than usually worked, provided the extra hours are paid?  YES 1 NO 2→WKT13	WKT11. Could (NAME) start working more hours within the next two weeks?  YES 1 NO 2→WKT13	WKT12. How many additional hours per week could (NAME) work?  _____ HOURS PER WEEK  DON'T KNOW 997	WKT13. To what extent is (NAME) satisfied with his/her main job?  VERY SATISFIED 1 SOMEWHAT SATISFIED 2 NEUTRAL 3 SOMEWHAT UNSATISFIED 4 VERY UNSATISFIED 5	WKT14. Does (NAME) want to change his/her current employment situation?  YES 1 NO 2→OPA1	WKT15. What is the main reason why (NAME) want(s) to change his/her employment situation?  PRESENT JOB(S) IS/ARE TEMPORARY 1 TO HAVE A BETTER PAID JOB 2 TO HAVE MORE CLIENTS/BUSINESS 3 TO WORK MORE HOURS 4 TO WORK FEWER HOURS 5 TO BETTER MATCH SKILLS 6 TO WORK CLOSER TO HOME 7 TO IMPROVE OTHER WORKING CONDITIONS 8 OTHER (SPECIFY) 96
LINE	NAME	AGE							
01		—							
02		—							
03		—							
04		—							
05		—							

OWN USE PRODUCTION OF AGRICULTURE GOODS AMONG EMPLOYED PERSONS						OPA
ASK IF EMP4=1, ELSE →OPG_1						
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.						
EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is (name) 15 years or older?  1 YES 2 NO ✕  Next person	OPA1. READ: The next questions are about unpaid work in farming or fishing that (you/NAME) may have done for your household or family in the last calendar week. That is not to sell.  read and mark all that apply  WORK OR HELP IN ANY FARMING ACTIVITIES TO PRODUCE FOOD FOR THE FAMILY KEEP OR HELP IN A FAMILY [KITCHEN GARDEN OR ORCHARD] REAR OR TEND FARM ANIMALS KEPT BY THE FAMILY WORK OR HELP IN FAMILY FISHING (OR FISH FARMING) ACTIVITIES NONE OF THE ABOVE  A B C D E→E11	OPA2. What are the main (animals, farming, and/or [fishing]) products that (you/NAME) (are/is) working on for the family? For example: [citrus fruits, vegetables, freshwater fish, cattle, chicken, rice]  OPA2. _____ MAIN CROPS  OPA2a. ISICODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OPA3. On how many days did (you/NAME) do this work last calendar week?  _____ NUMBER OF DAYS	OPA4. How many hours per day did (you/NAME) spend doing this last calendar week?  _____ NUMBER OF HOURS DON'T KNOW 97
LINE	NAME	AGE				
01		— —				
02		— —				
03		— —				
04		— —				
05		— —				
06		— —				
07		— —				

EMPLOYMENT RELATED INCOME (For all household members of age 15 years or older?, who are in employment) )

EI

FOR EMPLOYEES AND PAID APPRENTICESHIP/ INTERNS (ASK IF CM5 = 1 OR 4, ELSE GO TO EI11

EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		Check  Is CM5=1 OR 4 for name?  1 Yes  2 No →EI11	EI1. The last time you were paid in your main job, were you paid in cash such as salaries, wages, commissions, bonuses or tips?  YES 1 NO, PAID IN KIND ONLY 2 →EI6 NOT PAID AT ALL 3→EI6	EI2. How much did you receive the last time you were paid?  _____ (Please round up)  DO NOT WANT TO DISCLOSE	EI3. What period did this payment cover?  PIECE RATE OR ONE-TIME PAYMENT 1→EI6 ONE DAY 2→EI6 ONE WEEK 3 TWO WEEKS 4 ONE MONTH 5 OTHER 96	EI4. How many days did you work in your main job during that period?  _____ Days
LINE	NAME	AGE					
01		—					
02		—					
03		—					
04		—					
05		—					
06		—					
07		—					

EMPLOYMENT RELATED INCOME (For all household members of age 15 years or older, who are in employment )

EI

FOR EMPLOYEES AND PAID APPRENTICESHIP/ INTERNS (I.E. IF CM5 = 1 OR 4)

EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		Check Is CM5=1 OR 4 for name?  1 Yes 2 No →EI11	EI5. On average, how many hours did you work per day in your main job during that period?  _____ HOURS	EI6. Does your employer provide you with ...? (Please write all that apply)  HOUSING FOOD AND/OR DRINKS TRANSPORT (VEHICLE, FUEL, TRANSPORT FARE) CLOTHING/CLOTHING ALLOWANCE (OTHER THAN UNIFORMS) OTHER (SPECIFY) NONE  A B C D X Y→EI10	EI7. If one had to purchase those products, how much would they have cost?  (Please round up)  _____  DO NOT WANT TO DISCLOSE	EI8. Did you have to pay any amount to receive these goods?  Yes 1 No 2→EI10	EI9. How much did you pay? (Please round up)  _____  DO NOT WANT TO DISCLOSE	EI10. Last month, how much did you receive in additional income or earnings from any secondary activity (regular, occasional/exceptional, etc.)? (Please estimate for all secondary activities, and round up)  _____  DO NOT WANT TO DISCLOSE
LINE	NAME	AGE							
01		—							
02		—							
03		—							
04		—							
05		—							
06		—							
07		—							

EMPLOYMENT RELATED INCOME							EI
(FOR EMPLOYERS AND OWN-ACCOUNT WORKERS, AND OTHERS WHO ARE NOT PAID EMPLOYEES/INTERNS (I.E. IF CM5=2,3, OR 5)							
For all household members of aged 15 years or older who are in employment							
<b>EMP1.</b> <i>Line</i>  <i>Number</i>	<b>EMP2.</b> <i>Name and age.</i>  <i>Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.</i>		<b>Check</b>  <i>Is CM5=2 OR 3 OR 5 for name?</i>  1 Yes  2 No <i>OPG1</i>	<b>EI11.</b> Last month, how much did you make in net profit, from your main business or activity?  That is, after considering all the sales and deducting all expenses?  _____  DO NOT WANT TO DISCLOSE	<b>EI12.</b> Last month, did you take any products from your main business or activity for the household's own use?  YES 1  NO 2→EI14  DON'T KNOW/ REFUSED 3→EI14	<b>EI13.</b> If one had to purchase those products, how much would they have cost?  (Please round up)  _____  DO NOT WANT TO DISCLOSE	<b>EI14.</b> Last month, how much did you receive in additional income or earnings from any secondary activity (regular, occasional/ exceptional, etc.)? (Please estimate the total for all secondary activities,  and round up)  _____  DO NOT WANT TO DISCLOSE
LINE	NAME	AGE					
01		— —					
02		— —					
03		— —					
04		— —					
05		— —					
06		— —					

JOB SEARCH						JS
ASK IF EMP15=2 OR EMP12='D'						
FOR PERSONS NOT EMPLOYED IN THE LAST 7 DAYS AND AGED 15 YEARS OR OLDER						
Job Search in the Last 4 weeks: This refers to the last 4 weeks before the interview week. Eligible respondents are household members aged 15 years or older.						
<b>EMP1.</b> Line Number	<b>EMP2.</b> Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.	<b>JS0.</b> Is (name) 10 years or older?  1 YES 2 NO ⇅  Next person	<b>JS1.</b> During the last 4 weeks, that is from [DATE] up to last week, did you look for a job or try to start a business?  YES 1→JS3 NO 2	<b>JS2.</b> Or did you try to do anything to find any kind of work to generate income, even if small or casual jobs?  YES 1 NO 2→JS4	<b>JS3.</b> What did you do in the last 4 weeks to find a job or try to start a business? Interviewer: READ. Please record only the <b>main job search activity</b> )  <b>FOR BUSINESS</b> LOOKED FOR LAND, BUILDING, MACHINERY OR EQUIPMENT OR RAW MATERIALS 1→JS6 ARRANGED FOR FINANCIAL RESOURCES 2→JS6 APPLIED FOR LICENSE OR PERMIT 3→JS6  <b>FOR EMPLOYMENT</b> APPLIED/CONTACTED ORGANIZATIONS/EMPLOYERS 4→JS6 CHECKED AT WORK SITES, SHOPS, MARKETS, ETC. 5→JS6 PLACED OR ANSWERED JOB ADVERTISEMENTS 6→JS6 SOUGHT ASSISTANCE OF FRIENDS OR RELATIVES 7→JS6 REGISTERED WITH LABOUR EXCHANGE OFFICE 8→JS6 TOOK A TEST OR INTERVIEW 9→JS6 SOCIAL MEDIA (FACEBOOK, INTERNET, ETC.) 10→JS6 NO METHOD (CONFIRMS NO JOB SEARCH) 11 OTHER (SPECIFY) 96→JS6	
LINE	NAME	AGE				
01		—				
02		—				
03		—				

D

ASK IF EMP15=2 OR EMP12='D'

FOR PERSONS NOT EMPLOYED IN THE LAST 7 DAYS AND AGED 10 YEARS OR OLDER

	<b>JS4.</b> Even though you did not look for work in the last 4 weeks, do you want to work for pay or profit?		<b>JS5.</b> What was the Main reason why you did not seek work or try to start a business during the last 4 weeks?	
	YES	1	FOUND WORK BUT WAITING TO START	1
	NO	2→JS8	AWAITING REPLIES TO EARLIER ENQUIRIES	2→JS7
			AWAITING FOR THE SEASON TO START	3→JS7
			ATTENDED SCHOOL/TRAINING COURSES	4→JS7
			FAMILY RESPONSIBILITIES OR HOUSEWORK	5→JS7
			ILLNESS, INJURY OR DISABILITY	6→JS7
			TOO YOUNG/OLD TO FIND WORK	7→JS7
			DOES NOT KNOW WHERE TO LOOK FOR WORK	8→JS7
			LACKS EMPLOYERS' REQUIREMENTS (SKILLS, EXPERIENCE, QUALIFICATIONS)	9→JS7
			NO JOBS AVAILABLE IN THE AREA	10→JS7
			RETIRED, PENSIONER, OTHER SOURCES OF INCOME	11→JS7
		ATTENDING DARA/KORANIC MEMORISATION	12→JS7	
		OTHER REASONS (SPECIFY)	96→JS7	



JOB SEARCH (UNEMPLOYMENT)									
FOR PERSONS NOT EMPLOYED IN THE LAST CALENDAR WEEK AND AGED 10 YEARS OR OLDER									
Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.									
EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL6 to below and to next page of the module.		JS0. Is (name) 10 years or older?  1 YES 2 NO → Next person	JS6. How long have you been without work and trying to find a job or start a business?  LESS THAN 3 MONTHS 1 3 MONTHS < 6 MONTHS 2 6 MONTHS< 12 MONTHS 3 1 YEAR< 3 YEARS 4 3 YEARS< 5 YEARS 5 5 YEARS OR MORE 6 DON'T KNOW 97	JS7. If a job or business opportunity had been available, could (you/NAME) have started working last calendar week?  YES 1→OPG1  NO 2	JS7B. Could (you/NAME) start working within the next two weeks?  YES 1→OPG1  NO 2	JS8. What is the main reason why you do not want or you are not available to work?  IN SCHOOL/ TRAINING 1 HOUSEWORK/ FAMILY RESPONSIBILITIES 2 ILLNESS, INJURY, DISABILITY 3 RETIRED, PENSIONER 4 TOO OLD/YOUNG FOR WORK 5 OFF-SEASON 6 WORKING CONDITIONS NOT ACCEPTABLE 7→OPG1 ENGAGED IN SUBSISTENCE FARMING/FISHING 8 DOING VOLUNTARY, COMMUNITY OR CHARITY WORK 9 ENGAGED IN CULTURAL OR LEISURE ACTIVITIES 10 ATTENDING DARA/KORANIC MEMORISATION 11 OTHER (SPECIFY) 96	JS9. At any time in the last 12 months, that is since [MO] up to last month, did (NAME) look for a paid job or try to start a business?  YES 1  NO 2	
LINE	NAME	AGE							
01		—							
02		—							
03									

## OWN USE PRODUCTION OF OTHER GOODS:

OPG

ASK FOR ALL HOUSEHOLD MEMBERS THAT ARE 15 YEARS OR OLDER.

**READ:** I am now going to ask you some questions about (other) unpaid activities you may have done to produce different goods for use by your household or family.

*Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.*

<b>EMP1.</b> Line Number	<b>EMP2.</b> Name and age.  Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	<b>EMP3.</b> Is <b>(name)</b> 10 years or older?  1 YES 2 NO → Next person		<b>OPG1.</b> Last calendar week, did <b>(NAME)</b> gather wild food such as [mushrooms, herbs...]?  YES      1 NO        2 → <b>OPG3</b>	<b>OPG2.</b> How many hours did <b>(NAME)</b> spend doing this last calendar week?  _____ HOURS LAST WEEK  DON'T KNOW 997	<b>OPG3.</b> Last calendar week, did <b>(NAME)</b> go hunting for [bush meat...]?  YES      1 NO        2 → <b>OPG5</b>	<b>OPG4.</b> How many hours did <b>(NAME)</b> spend doing this last calendar week?  _____ HOURS LAST WEEK  DON'T KNOW 997
LINE	NAME	AGE					
01		— —					
02		— —					
03		— —					
04		— —					
05		— —					
06		— —					
07		— —					

OWN USE PRODUCTION OF OTHER GOODS: HOUSEHOLD MEMBERS THAT ARE 15 YEARS OR OLDER.							OPG
<p>READ: I am now going to ask you some questions about (other) unpaid activities you may have done to produce different goods for use by your household or family.</p> <p>Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.</p>							
<b>EMP1.</b> Line Number	<b>EMP2.</b> Name and age.  Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	<b>EMP3.</b> Is <b>(name)</b> 15 years or older?  1 Yes 2 No → Next person	<b>OPG5.</b> Last calendar week, did <b>(NAME)</b> prepare preserved food or drinks for storage such as [flour, dried fish, butter, cheese...]?  YES NO      2 → <b>OPG7</b>	<b>OPG6.</b> How many hours did <b>(NAME)</b> spend doing this last calendar week?  _____ HOURS LAST WEEK DON'T KNOW 997	<b>OPG7.</b> Last calendar week, did <b>(NAME)</b> do any construction work to build, renovate or extend the family home or help a family member with similar work?  YES      1 NO      2 → <b>OPG9</b>	<b>OPG8.</b> How many hours did <b>(NAME)</b> spend doing this last calendar week?  _____ HOURS LAST WEEK DON'T KNOW 997	
LINE	NAME	AGE					
01		— —					
02		— —					
03		— —					
04		— —					
05		— —					
06		— —					
07		— —					

## OWN USE PRODUCTION OF OTHER GOODS: HOUSEHOLD MEMBERS THAT ARE 15 YEARS OR OLDER.

OPG

READ: I am now going to ask you some questions about (other) unpaid activities you may have done to produce different goods for use by your household or family.

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.


EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is (NAME) 15 years or older?  1 Yes 2 No →  Next person	OPG9. Last calendar week, did (NAME) spend any time making goods for use by your household or family such as [mats, baskets, furniture, clothing,...]?  YES 1 NO 2 → OPG11	OPG10. How many hours did (NAME) spend doing this last calendar week?  _____ HOURS LAST WEEK DON'T KNOW 997	OPG11. Last calendar week, did (NAME) fetch water from natural or public sources for use by your household or family?  YES 1 NO 2 → OPG13	OPG12. How many hours did (NAME) spend doing this last calendar week?  _____ HOURS LAST WEEK DON'T KNOW 997
LINE	NAME	AGE				
01		— —				
02		— —				
03		— —				
04		— —				
05		— —				
06		— —				
07		— —				

## OWN USE PRODUCTION OF OTHER GOODS: HOUSEHOLD MEMBERS THAT ARE 15 YEARS OR OLDER.

OPG

READ: I am now going to ask you some questions about (other) unpaid activities you may have done to produce different goods for use by your household or family.

Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.

EMP1. Line Number	EMP2. Name and age.  Copy names and ages of all members of the household from HL2 and HL3 below and next page of the module.	EMP3. Is (name) 15 years or older?  1 Yes 2 No   Next person	OPG13. Last calendar week, did (you/NAME) collect any firewood [or other natural products] for use as fuel by your household or family?  YES 1 NO 2 → OPG15	OPG14. How many hours did (you/NAME) spend doing this last calendar week?  _____ HOURS LAST WEEK  DON'T KNOW 997	OPG15. In the last 4 weeks from [START DATE] up to [last END DAY/yesterday] did (you/NAME) participate in any unpaid apprenticeship, internship or similar training in a work place?  e.g. Unpaid work as trainee or apprentice in a farm, workshop, factory, enterprise, or other production units  -Unpaid work as trainee or intern in a shop, bank, hospital or other service providing institutions...  YES 1 NO 2 → H1	OPG16. How many hours did (you/NAME) spend doing this last calendar week?  INTERVIEWER Write the number of hours in 0.5 hour intervals _____ HOURS SPENT  DON'T KNOW 997
LINE	NAME	AGE				
01		—				
02		—				
03		—				
04		—				
05		—				
06		—				
07		—				

## BARRIERS TO EMPLOYMENT

SECTION ELIGIBILITY – ASK IF FN3=(3,4) OR FN4=(3,4) OR FN5=(3,4) OR FN6=(3,4) OR FN7=(3,4) OR FN8=(3,4)

ASK EBR1 AND EBR2 IF THE RESPONDENT IS NOT EMPLOYED I.E. EMP12= "D" OR EMP15=2

Go to WPA1 if the respondent is employed i.e. EMP4=1 OR EMP13="D" OR EMP14=(1,2) OR EMP15=1

*Last calendar week: This refers to the last calendar week (Monday to Sunday) before the interview date. Eligible respondents are household members aged 15 years or older.*

BARRIERS		
EMP1. Line Number	INTERVIEWER READ: The next questions ask about barriers that <b>(NAME)</b> may face in the labour market because of the functional difficulties (you/NAME) have in doing certain activities ...	<b>EBR2.</b> How supportive would family members be if <b>(NAME)</b> decide to work? Would you say...  Very supportive 1 Somewhat supportive 2 Not supportive 3 DON'T KNOW 97 REFUSED 99  → ATT1
	<b>EBR1.</b> Which of the following factors would make it more likely for (you/NAME) to seek or find a job...?	
	Getting higher qualifications, training, skills, experience A	
	Availability of suitable transportation to and from workplace B	
	Help in locating appropriate jobs C	
	More positive attitudes towards persons with disabilities D	
	Availability of special equipment or assistive devices E	
	Availability of more flexible work schedules or work tasks arrangements F	
	Availability of a more accommodating workplace G	
	Availability of more jobs H	
Other factors ( <i>Specify</i> ): _____ I		
LINE		
01		
02		
03		

WORKPLACE ACCOMODATION		ATTITUDES	
EMP1. Line Number	WPA1. Is (NAME)'s work schedule or work tasks arranged to account for difficulties (your /NAME) have in doing certain activities...?	WPA2. Has (NAME)'s workplace been modified to account for difficulties (your /NAME) have in doing certain activities...?	ATT1. In your view, how willing are employers to hire persons with disabilities? Would you say...  ATT2. In your view, how willing are workers to work alongside persons with disabilities? Would you say...
	Yes, fully 1	Yes, fully 1	Very willing 1
	Yes, partially 2	Yes, partially 2	Somewhat willing 2
	Not at all 3	Not at all 3	Unwilling 3
	I do not have difficulties that require special arrangements 4	I do not have difficulties that require special arrangements 4	DON'T KNOW 97
	DON'T KNOW 97	DON'T KNOW 97	DON'T KNOW 97
LINE			
01			
02			
03			
SOCIAL PROTECTION			
EMP1. Line Number	SPR1. Has (NAME)'s difficulties been officially recognized (certified) as a disability?	SPR2. Does (NAME) receive any cash benefits from the government linked to [his/her] disability?	SPR3. Does (NAME) receives any goods or services from the government linked to [his/her] disability?
	YES 1 → SPR2	YES 1	YES 1
	NO 2 → NEXT MODULE OR END	NO 2	NO 2
LINE			
01			
02			
03			

II10: END TIME OF INDIVIDUAL INTERVIEW
HOURS : MINUTES

