



GOVERNMENT OF PAKISTAN
PAKISTAN BUREAU OF STATISTICS
LABOUR FORCE SURVEY
(2020-21)



Survey Period:		Month		Year		Quarter	
Section 1: Identification				Processing Code:			
1. Province:				8. Address:			
2. District:				9. Serial number of Household: →			
3. Tehsil/Taluka:				10. Name of head of Household			
4. City/Town				11. Father's name			
5. Mouza/Deh/Village:				12. Respondent's name			
6. Enumeration Block Code:						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)			
Section 2: Field Operations and Editing/Coding							
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							
Section 3: Checking at Headquarter							
Item	Date	Name		Designation		Signature	
(1)	(2)	(3)	Code	(4)	Code	(5)	
1. Checking by staff							
2. Checking (i) by Officer							
(ii)							
3. Despatch 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			
							Literacy	Education Level		
							Can..... read and write with understanding in any language?			
		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	01. No formal education 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		
(4.1)	(4.2)	(4.3) Code	(4.4) Code	(4.5) Code	(4.6)	(4.7) Code	(4.8) Code	(4.9) Code		
1		1								
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										

SECTION 4: HOUSEHOLD COMPOSITION AND DEMOGRAPHIC INFORMATION: DISABILITY STATUS
(For all Persons 05 Years and Over)

	Do/Does (Name's) have difficulty seeing, even if wearing glasses?		Do/Does (Names') have difficulty hearing, even if using a 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?	
	1. No (No difficulty)		1. No (No difficulty)		1. No (No difficulty)		1. No (No difficulty)		1. No (No difficulty)		1. No (No difficulty)	
	2. Yes (Some difficulty)		2. Yes (Some difficulty)		2. Yes (Some difficulty)		2. Yes (Some difficulty)		2. Yes (Some difficulty)		2. Yes (Some difficulty)	
	3. Yes (a lot of difficulty)		3. Yes (a lot of difficulty)		3. Yes (a lot of difficulty)		3. Yes (a lot of difficulty)		3. Yes (a lot of difficulty)		3. Yes (a lot of difficulty)	
	4. Cannot do at all		4. Cannot do at all		4. Cannot do at all		4. Cannot do at all		4. Cannot do at all		4. Cannot do at all	
P.S.N	(4.19)		(4.20)		(4.21)		(4.22)		(4.23)		(4.24)	
	Code		Code		Code		Code		Code		Code	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

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

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 5.2 or 5.3 or code 1 or 2 under column 5.4.	How long hasbeen continuously absent from that job or enterprise such as a shop, business, farm or service establishment (fixed or mobile)		What kind of attachment doeshave to that job or enterprise?		What was employment status? (Read all the options to the respondent)		What was..... main occupation, e.g. what was the nature of work thatdid?						
							(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.						
							ii) Please give full description alongwith 4-digits code for main occupation as per detail given in Annex-A Manual of Instructions.						

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Col.5.19 to 5.27 should be asked from all persons reporting subsidiary occupation (i.e. code 1 in Col.5.18). If the person is engaged in more than one subsidiary occupations then Col. 5.19 to Col. 5.26 should be filled for the one in which the person spent more hours.

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Transfer all persons serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 under column 5.2 or 5.3 or code 1 or 2 under column 5.4.	Does the enterprise keep written accounts?	How many persons are engaged in the enterprise (including working proprietors, unpaid family workers,, paid employees)	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	(Give approximate numbers of persons)	1. Yes 2. No									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	
	(5.23) Code	(5.24) (Number of Person)	(5.25) Code	(5.26) (Hours Worked)							(5.26.1)	(5.27) Code	(5.28) Code	
				Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours			

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SECTION- 7: FOR PAID EMPLOYEES AND SELF EMPLOYED																						
For persons who were given codes 1 to 4 in Col. 5.8																		For self employed (persons with code 05 to 10 or 13 or 14 in Col. 5.8).				
Transfer all persons serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 to 4 as per Col.5.8	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 3. Up to 3 years 4. Up to 5 years 5. Up to 10 years 6. 10 Years and more 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 didearn from the main work last week? Cash Rs. Kind (including free or subsidized housing, food, transport etc. give market value) in Rs. (In case of any entry along with code 1 or 2 or 5 to 7 under col. 7.2 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? (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 persons serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 in Col.5.2 or Col.5.3 or code 1 or 2 in Col.5.4	In the past 12 months, did..... receive 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. (This interview is completed go to next person or household as the case may be)			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 st	(8.2.2) 2 nd	(8.2.3) 3 rd	(8.3.1) 1 st	(8.3.2) 2 nd	(8.3.3) 3 rd	(8.4.1) 1 st	(8.4.2) 2 nd	(8.4.3) 3 rd	(8.5.1) 1 st	(8.5.2) 2 nd	(8.5.3) 3 rd		

SECTION 9: UNEMPLOYMENT																				
Transfer all persons serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 3 or 4 in Col. 5.4	Was (Name) seeking work during the past 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 past month to seek work? (More than one options are acceptable) 01. Applied to prospective employer 02. Checked at work sites, farms, factories, markets, etc. 03. Applied for permit or license to set up own enterprise such as a shop, business, farm, or service establishment (fixed or mobile) 04. Looked for land, building, machinery or equipment for setting up own enterprise such as shop, business, farm, service establishment (fixed or mobile) 05. Sought assistance from friends or relatives 06. Placed or answered advertisements 07. Registered with Government employment agency 08. Registered with private employment agency 09. Arranged for financial resources 10. Applied for loan/credit 11. Other (Specify) 12. No specific step 13. Unknown	How long has (Name) been seeking work? (Give either number of completed years or months or days)	Was (Name) available for work during the past week? 1. Within this household only 2. Within this village/town/ city only 3. Anywhere in this district 4. Anywhere in this province 5. Anywhere in Pakistan 6. Abroad 7. Not available (For code 7 skip to Col. 9.6)	What type of work would be available for? (Read all the options to the respondent and note the preferred one) 1. Full-time paid employment with government 2. Full time paid employment with private business/ industry 3. Part-time paid employment 4. Self employment given the necessary resources & facilities 5. Other type of employment such as on commission, contract employment, daily wages etc. (For having any option Skip to Col. 9.7)															
						P.S.N.	(9.1) Code	(9.2) Code												
			01	02	03	04	05	06	07	08	09	10	11	12	13	(9.3.1) Years	9.3.2 Months	(9.3.3) Days		

SECTION 9: UNEMPLOYMENT *(For all unemployed persons having code 1 in Col. 9.1 or code 1 to 6 in Col. 9.4 or Code 1 to 4 in Col. 9.6)*

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SECTION 10: ALL PERSONS 10 YEARS OF AGE AND OVER WITH CODE 11,12 OR 13 IN COL.9.6													
Person S. No.	Name:	Processing Code											
WORK ACTIVITY: During the last week did..... help or work in: (First, ask all the question listed below and tick '1' for each activity that the person was engaged in during the last week and '2' for each activity that the person was not engaged in, second for each '1' answer, go back and ask the number of hours worked during the last week). During the last week did.....help or work in: (10.1)		1 Yes	For each YES, how many hours did.....work last week?										
		2 No	Total hours	Own family	Other people for cash or payment in kind?								
		(10.1.1)	(10.1.2)	(10.1.3)	(10.1.4)								
i)	Agricultural operations, such as ploughing, sowing, transplanting rice, picking cotton, collection of vegetables & fruit, harvesting crops, weeding field ?.												
ii)	Processing food, namely milling, grinding, drying seeds, maize or rice husking?												
iii)	Livestock operations, such as meat, feeding and milking animals, churning milk, grassing, collection of cowdung and preparing dung cakes?												
iv)	Poultry raising, such as feeding poultry birds, collection & packing of eggs, giving injections or medicine to birds and preparation of feeds?												
v)	Construction work, such as mud plaster of roofs and walls of house and godown, construction and repair of boundary walls, rooms, etc.												
vi)	Collection of firewood or cotton sticks for use as fire wood for household consumption												
vii)	Bringing water from outside to the house, taking food from house to farm?												
viii)	Making clothes, sewing pieces of cloth or leather, knitting, embroidery, mat and rope making, ginning, spinning and weaving?												
ix)	Shopping and marketing?												
x)	Washing, mending or pressing clothes?												
xi)	Caring for children or health care of ill persons?												
xii)	Helping children do homework or other educating activities?												
xiii)	Cleaning and arranging the house?												
xiv)	Other activities which produce goods or services including cooking food at home which are generally available in the market? Specify: _____												
10.2 Occupations (<i>See Annex-F Manual of Instructions</i>)													
10.3 Industry (<i>See Annex-F Manual of Instructions</i>)													
10.4 Employment Status (<i>See Annex-F Manual of Instructions</i>)													
10.5 Number of Hours Worked													