

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



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		Surve	ey P	eriod	l :		Mo	nth			`	<i>Y</i> ear				Qua	rter		
Section 1: Ident	tificat	tion			Proc	essin	g Co	de:											
1. Province:										8.	Ado	dress:			ı				ı
2. District:										9.	Ser	ial nu	mbe	r of I	House	ehold	l:		
3. Tehsil/Taluka:										10.	Naı	ne of	head	ame nt's name nt's Sex 1=Male 2=Female nt's relation to head of i: of Household member of household ve/Non-relative) rs (Relative/Non-relative) tion Signate Code (5)	ı				
											of I	House	hold	l					
4. City/Town										11.	Fat	her's 1	nam	e					
5. Mouza/Deh/Village	e:									12.	Res	ponde	ent's	s nam	ie				
6. Enumeration Block	(13.	Res	ponde	ent's	s Se	x 1	=Mal	le	_	
Code:															2	=Fen	nale		
7. Locality										14.				s relat	tion t	to hea	ad of		
												sehol						\perp	
																		Ľ	
											2 =						ehold		
											3 –						ative)		
Section 2: Field Ope	eration	s and	Edi	iting	/Cod	ling					<u> </u>	Othe	15 (1	Clati	V C/ I V C)II ICI	utive)		
Item	Dat					Name	2					Design	ation	1			Signa	ture	
(1)	(2)				(3)			Co	de		(4)								
1. Survey																			
2. Inspection (i)																			
•																			
(ii)																			
3. Checking/																			
editing/coding in																			
the Regional/Field																			
Offices																			
4. Dispatch to																			
Headquarter																			
5. Receipt at Headquarter																			
Section 3: Checking	at He	adana	rte	r						1									
Item	Da			_		Name	2					Design	ation	1			Signa	ture	
(1)	(2)			(3)			Co	de		(4)		(Code					
1. Checking by staff										1									
2. Checking (i)																			
by Officer																			
(ii)										-									
3. Despatch to																			
D.P.Centre																			

SECT	ION 4: HOUSEHOLD	COMPOSITION	N AND DEMO	OGRAPHI	C INFORM	IATION		
S. No	Name of household	What is (Name)	Present	Gender	How old	For all	For a	ll persons
2.110	members who usually live here. Do not list	Relationship to head of the	status	Genaer	was (Name) at (his/her)	persons 10 years and over	Literacy	Education Level
	guests, visitors, etc.	household?			last birthday?	Over	Can read and write with understand -ing in any language?	01. No formal education 02. Nursery but below K.G. 03. K.G but below primary
		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	Present Temporally absent	1. Male 2. Female 3. Transgander	Enter age in completed years	What is current marital status? 1. Never married 2. Married 3. Widow/ Widower 4. Divorced	1. Yes 2. No	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	Couc	Couc		Couc	Couc	Couc
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

5 years and			For	all nargang	10 waana an	od ovon		
over Current Enrolment	Technica	l, Vocational a	nd Educa	all persons ational	10 years an	u over Migrati	on	
01. Currently not enrolled 02. Nursery	technical, voca training/courses suc	Training/Cou eted/ currently reco tional and e ch as auto or engine a computer, tailoring e	eiving any ducational mechanics,	Provider of Training/ Courses	How long has (Name) been living in this	Previous district of residence (Name) before moving here.	Previous residence was located	Main reason for migration. 01. Job transfer
03. K.G 04. Primary 05. Middle 06. Matric 07. Intermediate	Yes on job 10. During last year 11. 2-3 years ago 12. 4-5 years ago	If YES describe the duration of training	e type and	1. Govt./ Public Technical/ Vocational	district? 1. Since birth (Go to next	(Give name of the district. If abroad give name of the country and skip to Col. 4.18	in 1.Rural	02. Found a job 03. Searching for a job 04. Searching for a better
O8. Graduation in engineering O9. 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.	13. 6-7 years ago 14. 8 years or more ago Yes off job 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)	Type of Training (Detail of Type of Training given in Annex-D Manual of Instructions)	Duration of training (in weeks)	Institute 2. Private Technical/ Vocational Institute 3. Informal apprentice (Specify)	person) 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	(Annex-E Manual of Instructions)	2.Urban	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. Other (Specify)
(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

SECT	ION 4: HOUSEHO (For all Per	OLD COMPOSITIO sons 05 Years and 0		PHIC INFORMAT	TION: DISABILITY	Y STATUS	
	Do/Does (Name's) have difficulty seeing, even if wearing glasses? 1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	Do/Does (Names') have difficulty hearing, even if using a hearing aid? 1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	Do/Does (Names') have difficulty walking or climbing steps? 1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	Do/Does (Names') have difficulty remembering or concentrating? 1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	Do/Does (Names') have difficulty (with self-care such as) washing all over or dressing? 1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	Using usual (customary/loc al) language, do/does (Names) have difficulty communicating , for example understanding or being understood? 1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	Do/Does (Names') receive any cash/in-kind benefits from the government linked to your disability? Note: (In case of code 3 or 4 in Col. 4.19 to 4.24 a asked this question) 1. Yes 2. No
P.S.N	(4.19)	(4.20)	(4.21)	(4.22)	(4.23)	(4.24)	(4.25)
	Code	Code	Code	Code	Code	Code	Code

SECTIO	N-5: CURRENT A	CTIVITY OF ALL	HOUSEHOLD M	EMBERS (10 Years of Age and C	Over)
	Did do any	Didhelp to	Even though	Why did not work last	In total will
Transfer	work for pay,	work for family	(you/Name)	week?	(you/Name) return
all persons	profit or family	gain in a family	did not work,	01. Illness or injury	to this same
serial	gain during last	business or	last week did	02. Long term disability	job/business.
numbers	week, at least for	family farm	(you/he/she	03. Strike or lockout	joe, e asmessi
10 years	one hour on any	during last	have a paid job	04. COVID-19 05. Holiday, ramzan, vacation or leave	
of age &	day?	week?	or a business?	of absence	1. Within three
over as	uay:	week:	or a business:	06. Off-season inactivity	months or less
per Col.				07. Due to bad weather	months of less
4.1 & 4.6				08. Due to mechanical or electrical	2. After three
	1.Yes	1. Yes	1. Yes	breakdown	months
		(Skip to Col. 5.7)		09. Due to shortage of raw materials or	montais
	2 N=	2. No	2. No (Skip to Col.	fuel	3. Once restrictions
	2. No	2.110	9.1)	10. Educational and training leave 11. Maternity or parental leave	are lifted (Only
				12. Other reasons i.e. reductions in	for COVID-19)
				economic activity such as: lower	101 00 (12 1))
				production due to less demand; or	4. Will not return
				shortage of irrigation water; or load	
				shedding (gas or electricity)	5. Don't know
				(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	
P.S.N.	(5.1)	(5.2)	(5.3)	situation, etc.) (Specify) (5.4)	(5.5)
2 1012 11	, f		· · ·		
	Code	Code	Code	Code	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 ACTIV	TY OF ALL HOUSEHOLD MEMBER	S (10 Years of Age and Over)
Transfer all persons serial	Do/Does you Name's continue to receive an income from (you/his/her job or	What was employment status? (Read all the options to the respondent)	What was main occupation, e.g. what was the nature of work thatdid?
numbers 10 years of age & over as per Col. 4.1 & 4.6	business during this absence?	01. Regular paid employee with fixed wage02 Casual paid employee03. Paid worker by piece rate or work performed	(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.
having code 1 under column 5.2 or 5.3.	1. Yes 2. No. 3. Don't know	04. Paid non-family apprentice 05. Employer 06. Own account worker (Agriculture) 07. Own account worker (non-agriculture)	ii) Please give full description alongwith 4-digits code for main occupation as per detail given in Annex-A Manual of Instructions.
		 08. Owner cultivator 09. Share cropper 10. Contract cultivator 11. Contributing family worker (Agriculture) 12. Contributing family worker (nonagriculture) 13. Member of a producer's cooperative 	
P.S.N.	(5.6)	14. Other (Specify) (5.7)	(5.8)
1.5.11.	Code	Code	Code
_			

SECTION	I-5: CURRENT ACTIVITY	OF	ALL HO	OUSEHOLD MEMBE	RS (10 Years o	f 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	What was the nature of worlestablishment such as shop, b service establishment (fixed office/institution wherewo i) In case of establishment engage hunting & related services ac logging & related services ac operation of fish hatcheries services activities incidental Skip to Col.5.14. ii) Please give full description also code for main industry as per Annex-B Manual of Instructions.	k done usines or 1 orked? d in agr tivities: tivities: to fish to fish	e by the ss, farm, mobile), riculture, forestry, : fishing, farm & h 4-digits	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?
P.S.N.	(5.9)	Code	<u> </u>	(5.10) Code	(5.11) Code	(5.12) (Number of Persons)	(5.13) Code

SECTION	I-5: CURREN	NT A	CTIVITY	7 ()	FAI	<u> Т НО</u>	USEH	OLD I	МЕМІ	BERS (10 Yea	rs of Age a	nd 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.	Where dicarry out work? (Reacthe options to respondent). 1. At his/her dwelling 2. At family friend's dwe 3. At the emplohouse 4. On the street 5. On country seeds a seed of the country seeds a	own or lling oyer's troad side shop, fice or	What was the location of wor place? 1. Urban 2. Rural	as	In ca	w many upation ase o hat par A: If B: If	y hour 1? did not ricular had a jour had no jour had	work of day as bob or en	on any per detemprise	particue tail give on that	day du lar day ven belo day and	code A or ow: d did not we call a day but	B or C sh	ould be re	ecorded
P.S.N.	(5.14)		(5.15)			(5.16)	(Hours	Worke	ed)		(5.16.1)	(5.16.2)	(5.16.3)	(5.16.4)
	Code		Code		Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	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 5.26 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 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	In addition to the main occupation, didalso work in any subsidiary occupation last week? 1. Yes (Ask Col.5.18 to 5.25) 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)	occupation e.g. what was nature of work thatdid i) If a person is engaged in moone subsidiary occupation consider the one in which the spent more hours ii) Please give full description all	d? ore than as: then e person ongwith bsidiary iven in	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) In case of establishment engaged in agriculture, hunting & related services activities: forestry, logging & related services activities: fishing, operation of fish hatcheries, fish farm & services activities incidental to fishing then Skip to Col.5.25 ii) Please give full description alongwith 4-digits code for subsidiary industry as per detail given in Annex-B Manual of Instructions.	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)
P.S.N.	(5.17) Code	(5.18) Code	(5.19)	de	(5.20) Code	(5.21) Code

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

Col.5.18 to 5.26 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.

		e one m wmen													
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	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 numbers of persons)	Are there any regular paid employees in the enterprise? 1. Yes 2. No	day		ring	the	last	weel	k at	k each his/her	mai sub did oth	addition to in & sidiary jobsperform er job (s)? One job Two or more jobs None	nata act did age act that 1. S 2. C e. e. 3. E o o 4. C w. s: a. a. 5. C w. k. 6. N	vorker in the ame kind of ctivity
P.S.N.	(5.22)	(5.23)	(5.24)	(5.2	25) (F	Iours	s Wo	rked)		(5.25.1)	(5.	26)	(5.2	27)
	Code	(Number of Person)	Code	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours		ode	Co	

SECTION-6:	IINDEREM	PI OVMENT						
SECTION-0:		ol. 5.16.1 and 5.25.1						
		35, then why did	1710			1		-1 5 2 : C-1
Transfer all		an 35 hours during			rsons	naving code		ol. 5.2 or in Col.
persons serial		an 35 hours during	5.3 or	Code '1'				
numbers 10 years of age	last week?							
& over as per	01 Normally v	works the same number	Would	want to	Did	seek any	If cod	le '1' in Col 6.3,
Col.4.1 & 4.6	of hours	voiks the same number	work	more hours	addit	tional work	then	why did
having code 1	02. Illness or in	njury	than h	e/she worked	last v	week?	seek	an additional
in Col. 5.2 or	03. Long term		in the	e last week,			work'	?
5.3	04. Strike or loc	kout		ed the hours				-
	05. COVID-19	. 1 6	or paid		1. Y	es		
	absence	nzan, vacation or leave of	or para	•			1. Prese	ent job is temporary
	07. Off-season i	nactivity				(Skip to Col. 7.1		j,
	08. Due to bad v	-	1. Yes			persons having	2. To ha	ave a better paid job
	09. Due to no breakdown	mechanical or electrical	2. No		to	one code from 1 4 in Col. 5.7	3. To ha	ave more business
	10. Due to sho fuel	ortage of raw materials or				erwise skip to . 8.1)	4. To	o work more hours
	11. Educational 12. Maternity or	and training leave r parental leave					5. To	o better match skills
		sons i.e. reductions in activity such as: lower					6. To	o work closer to home
	shortage of	due to less demand; or f irrigation water; or load					7. Othe	r (Specify)
	shedding	(gas or electricity)						
	(Specify).	tory or personal reasons						
		tary or personal reasons, as or social activities or						
		itical gathering (Specify).						
	<u>.</u>	8 (- t - 5)						
		luntary reasons such as						
		nd/get more hours of work						
	(Specify)	and order situation etc.						
	(Specify)							
P.S.N.	(6.1)		(6.2)		(6.3)		(6.4)	
	(002)		(312)		(0.0)		(37.1)	
		Code		Code		Code		Code
					_			
					_		_	
					_			
							-	
							-	

		For	pers	ons w	ho wo	ere giv	en co	odes 1	to 4	in Co	ol. 5.7										For self employed (persons with code 05 to 10 in Col. 5.7).
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.5.7	What was the status of job's written contract/ agreement between the employee and the employer? 1. Permanent/ pensionable Job With contract/ agreement 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/	Atmain 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)	moneea main week Cash R Kind (or housin transpo market (In cas along v or 5 to	rn fro work ? .s. includir sub	did m the call last last last last last last last l	mone did the relast m Cash F Kind (or housin transpo	earn main nonth? Rs. includin	from work	mon recei in b amor addi usua remu etc)? annu quar adho	ive lass onuses unt tion t l unerat (wh ially, eterly oc ulate fo	t year s (i.e. in o his pay, tion tether or basis,	01 02 03 04 05 06 07 08 09 10	Parameters of the control of the con	l age mily ad v e Re- pend isab uran- edica arria ild S id/s her (supposition of suppos	oort er wrser in intilitie rant nd eave	ment/ ren suran	se (edu	soo	of	How much ne money did earn during las year from own business?
P.S.N.	agreement (7.1)	(7.2)		(7.3)			(7.4)			(7.5)						(7.6 Cod	_				(7.7) Amount
	Code	Code	(7.3.1)	(7.3.2) Kind	(7.3.3)	(7.4.1)	(7.4.2) Kind	(7.4.3)	(7.5.1)	(75.2) (75.2) Kind	(7.5.3) Total	0	02	03	04	05	90	/0	88 8	01	

In the past 12 months, did suffer	- Shoma de Lebear												
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)	01. Op wit 02. Ex 03. Ho 04. Fai det 05. Us equ equ un: 06. Ta poz 07. Dis ins 08. Fai pro pro equ 09. Un sta 10. Wi su (Sp by 11. Un fel (Sp by 12. Un out wh	e act d ent/dise erating thout aut cess spec orse play filter of vices ing nipment nipment safely king sition sobeying truction filter to to vicetective nipment usafe load cking cong ord ovided po	the case? thority ed safety unsafe or unsafe ding or der of that and ct by ployee that and ct of Specify d by	treatninjury have time becau (Pleas any ti no n short 1. Hosp 2. Connurs med profe	of disease to take off see in me off natter it was). Distalized sulted a see or ical essional time of	for ase or e any work it? iclude work how	01. Ung inad 02. Def equ mat 03. Uns cons 04. Poc 05. Inac 06. Imp and 07. Not nece pro equ 08. Poc kee 09. Slip	g nt/disea uarded equately g ective ipment erial afe desi struction or illumir equate ve proper c footwea n-provisi essary tection ipment	ditions the ase? or guarded tool, or ign or nation ntilation clothing r on of	go bac norma the acc 01. Still resu acti 02. Will back norm 03. On acci occu 04. On the acci 05. On the acci 07. 8 to acci 09. 23 of the acci 10. 2 to acci 11. 5 to acci 12. 8 to acci 13. Don	or househ	Did receive any injury compensation in cash/ in kind from the employer? 1. Yes 2. No	
(8.1)		(8.2)			(8.3)			(8.4)			(8.5)		(8.6)
	(Injury/disease)		ease)	(Injury/disease)			(Injury/disease)			(In	jury/dise		
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	Code

SECTION	N 9: UNEMP	PLO	YM	EN'	T															
Transfer all persons serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 2 in Col. 5.3	Was (Name) seeking 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)	Wh wee according to the second of the second	What steps did (Name) take during the last four weeks 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? 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	dd w foo st. bu	t present, ses (Name) ant to work r pay or art a ssiness? Yes No (Skip to Col. 9.9)	res (N to or in we 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	hat is the main ason why ame) did not try find a paid job start a business the last 4 reks? Already has a job or business to start in the near future. Awaiting to be recalled from a previous job. Waiting for results from a previous search. Waiting for the season to start. Tired of looking, no jobs in the area. No jobs matching his/her skills, lacks experience. Considered too be young/too be old by employers. Family does not approve. Busy studying or doing apprentice work. Busy with household or family responsibilities. Busy farming or fishing for household use. With a disability, injury or illness. Has other sources of income. Other (Specify)								
P.S.N.	(9.1)	I				(9	.2)	Co	de						(9.3)		(9.4)		(9.5)	
	Code	01	02	03	40	05	90	07	80	60	10	11	12	13	Code		Code		Code	
																-				

SECTION	9: UNEMPLOYMEN	T(For all unemploy Code 1 to 4 in Co		code 1 in Col. 9.1 or code 1 to 6	in Col. 9.4 or	
Transfer all persons 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? 1. This week 2. Within the next two weeks 3. After two weeks only (Skip to Col 9.10) 4. Is not available (Skip to Col. 9.10)	What type of work would (Name) prefer to do? 1. Full-time job in the public sector/ Govt. 2. Full-time job in the private sector/ business 3. Part-time paid job 4. Self-employment in own business 5. Other work (Short-term work, casual, daily work) 6. Any type of work	Where would (Name) be willing to work? 1. Within this household only (Skip Col. 9.10 2. Within this village/ town/city only (Skip Col. 9.10) 3. Anywhere in this district only (Skip Col. 9.10) 4. Anywhere in Pakistan only (Skip Col. 9.10) 5. Abroad (Skip Col. 9.10)	Why is (Name) not available to start working within the next two weeks? 1.Illness 2.Will take a job within a month 3.Apprentice not willing to work 4 Busy studying or doing unpaid apprentice work 5 Busy with household or family responsibilities 6 Busy farming or fishing for household use 7 With a disability, injury or illness 8 Retired, pensioner, other sources of income 9 Waiting for the season to start 10 Awaiting recall from a previous job 11. Other (Specify)	Has ever worked in -a job or business -a farm or by fishing -other household economic activities (collecting wood, milling/grinding food, etc.) 1. Yes 2. No (Skip to Col. 10.1)	
P.S.N.	(9.6) Code	(9.7) Code	(9.8) Code	(9.9) Code	(9.10) Code	

serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 2 in code 3 in code 3 in code 3 in code 4 in code 3 in code 4 in code 5 in code 5 in code 6 in code 4 in code 5 in code 6 in code 5 in code 6 in	ısiness,					
P.S.N. (9.11) (9.12) (9.13)	worked? Please give full description alongwith 4-digits code for main industry as per detail given in					
Code Code						
	Code					

CECTION O. LINI				
Transfer all persons serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 2 in Col. 5.3	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)	For how many years hasbeen doing this sort of work? 1. Less than one year 2. One year but less than five years 3. Five years but less than ten years 4. Ten years or more	What was the main reason for leaving the last job/business? (Read all the options to the respondent) 01. Dismissed or made redundant 02. A job of limited duration has ended 03. Personal or family responsibilities 04. Own illness or disability 05. Education or training 06. Early retirement 07. Normal retirement 08. Could not do the job 09. Did not like the job 10. Did not like the employer 11. The pay was too low 12. Not consistent with qualification 13. Violence/harassment at work place, Security/law & order situation. 14. Other (Specify) (This interview is	Did (Name) receive any of the following benefits from any organization? 1.Old age benefit 2.Disability benefit 3. Unemployment benefit 4. Child Stipend 5. Other (Specify) 6. None (This interview is completed. Go to next person or household as the case may be).
P.S.N.	(9.14) Code	(9.15) Code	completed. Go to next person or household as the case may be). (9.16) Code	(9.17) Code