

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



		Moi	nth			Y	ear				Quar	ter						
Section 1: Ident	ificat	ion		Proc	essin	g Coo	de:											
1. Province:									8.	Add	ress:				ı	1		ı
2. District:									9.	Seria	al nu	mber	of H	louse	hold:	→	-	
3. Tehsil/Taluka:									10.	Nan	ne of	head						
											ouse							
4. City/Town									11.	Fath	er's 1	name	:					
5. Mouza/Deh/Village											onde							
6. Enumeration Block Code:									13.	Resp	onde	ent's	Sex		=Mal =Fem	e ale	•	
7. Locality											onde		relat	ion to) hea	d of		
											sehol					_		
											Head							
											Othe				iouse	hold		
							(Relative/Non-relative) 3 = Others (Relative/Non-relative)											
Section 2: Field O	peratio	ons an	d Edi	ting/	Cod	ling					-	15 (11		0,110				
Item	Date	:			Name	e				D	esign	ation				Signat	ure	
(1)	(2)			(3)			Co	ode		(4)			ode			(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	t Heada	narter																
Item	Date				Name	e				D	esign	ation				Signat	ure	
(1)	(2)			(3)			Co	ode		(4)	Ĭ		ode			(5)		
1. Checking by staff																		
2. Checking (i)																		
by Officer																		
(ii) 3. Dispatch to																		
D.P.Centre																		

Name	SECTI	ON 4: HOUSI	EHOLD COMPO	OSITION AN	ND DEMO	GRAPHIC	INFORMA	TION		
	C NT-		William In ONT	D	C3	TT 13	E 2	For all	persons 5 yea	rs and over
New New	S. No	household members who	Relationship to head of the		Gender	was (Name) at	persons 10 years and	Liter	racy	Level
Nation Setter Nation Setter National Properties 1. Made 2. Female absent 2. F		here. Do not	household?			last	over	read a	write a	attended school
(4.1) (4.2) (4.3) (4.4) (4.5) (4.6) (4.7) (4.8.1) (4.8.2) (4.9) 1 1 1 2 3 3 3 3 3 4 </td <td></td> <td></td> <td colspan="2">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</td> <td>in completed</td> <td>is current marital status? 1. Never married 2. Married 3. Widow/ Widower</td> <td>statement with understand- ing in any language?</td> <td>statement with understand -ing in any language?</td> <td>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</td>			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		in completed	is current marital status? 1. Never married 2. Married 3. Widow/ Widower	statement with understand- ing in any language?	statement with understand -ing in any language?	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	
1 1 2 3 4 5 6 7 8 9 10 11 11 12	(4.1)	(4.2)				(4.6)				(4.9)
3 4 5 6 7 8 9 10 11 12	1			0000						
4 5 6 7 8 9 10 11 12	2									
5 6 7 8 9 10 11 12	3									
6 7 8 9 10 11 12	4									
7 8 9 10 11 12	5									
8 9 10 11 12	6									
9	7									
10 11 12	8									
11	9									
12	10									
	11									
13	12									
	13									

For all persons 5 years and over	For al	l persons 10 yea	ars and o	over		For all pe	rsons	
Current Enrolment	Tech	nical/Vocation	al Traini	ng		Migrati	on	
01. Currently not enrolled 02. Nursery 03. K.G	technical, voca training/courses		ducational or engine	Provider of Training/ Courses	How long has (Name) been living in this district?	Previous district of residence (Name) before moving here.	Previous residence was located in	Main reason for migration. 01. Job transfer 02. Found a job
04. Primary 05. Middle 06. Matric 07. Intermediate 08. Graduation in	Yes on job 10. During last year 11. 2-3 years ago 12. 4-5 years ago 13. 6-7 years ago	If YES describe the duration of training	e type and	1. Govt./ Public Technical/ Vocational Institute	1. Since birth (Go to next person if age < 5 years, otherwise skip to 4.19)	(Give name of the district. If abroad give name of the country and skip to Col. 4.18	1.Rural 2.Urban	03. Searching for a job 04. Searching for a better agriculture land
engineering 09. Graduation in medicine 10. Graduation in computer 11. Graduation in agriculture 12. Graduation in other subjects 13. M.A/M.Sc 14. M.Phil 15. Ph.D.	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)	Private Technical/ Vocational Institute Informal apprentice	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 (District code) & EF(Country code) Manual of Instructions)	2.Urbani	05. Education 06. Business 07. Health 08. Marriage 09. With parents 10. With spouse 11. With son/ daughter 12. Change of residence 13. Returned to his home 14. Security/ Law & order situation 15. Natural disaster 16. Other (Specify)
(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

SECTI				DEMOGRAPHI ABILITY STATU			ersons 05 Years	and Over)
	Do/Does (Name's) have difficulty seeing, even if	Do/Does (Names') have difficulty	Do/Does (Names') have difficulty	Do/Does (Names') have difficulty remembering	Do/Does (Names') have difficulty	Using usual (customary /local)		3 or 4 in any 4.20 or 4.21 23 or 4.24
	wearing glasses? 1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	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	walking or climbing steps? 1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	or concentrating? 1. No (No difficulty) 2. Yes (Some difficulty) 3. Yes (a lot of difficulty) 4. Cannot do at all	(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	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	Is [your] disability been officially recognized (certified)? 1. Yes 2. No	Do/Does (Names') receive any cash/in-kind benefits from the government linked to your disability? 1. Yes 2. No
P.S.N	(4.19) Code	(4.20)	(4.21)	(4.22)	(4.23)	(4.24)	4.25) Code	4.26) Code
1	Code	Code	Code	Code	Code	Code	Code	Code
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

SECTIO	N.5. CURRENT A	CTIVITY OF ALL	HOUSEHOLD M	EMBERS (10 Years of Age and C)ver)
Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6	Did do any work for pay, profit or family gain during last week, at least for one hour on any day? 1. Yes (Skip to Col. 5.7) 2. No	Didhelp to work for family gain in a family business or family farm during last week? 1. Yes (Skip to Col. 5.7) 2. No	Even though (you/Name) did not work, last week did (you/he/she have a paid job or a business/agriculture farm? 1. Yes 2. No (Skip to Col. 9.1)	Why did not work last week? 01. Illness or injury 02. Long term disability 03. Strike or lockout 04. COVID-19 05. Holiday, ramzan, vacation or leave of absence 06. Off-season inactivity 07. Due to bad weather 08. Due to mechanical or electrical breakdown 09. Due to shortage of raw materials or fuel 10. Educational and training leave 11. Maternity or parental leave 12. Other reasons i.e. reductions in economic activity such as: lower production due to less demand; or shortage of irrigation water; or load shedding (gas or electricity) (Specify). 13. Other voluntary or personal reasons, e.g. religious or social activities or attended political gathering (Specify). 14. Other involuntary reasons Violence/harassment at work place, Security/law and order situation, etc.) (Specify)	In total will (you/Name) return to the same job/business/own enterprise 1. Within three months or less 2. After three months 3. Once restrictions are lifted (Only for COVID-19) 4. Don't know
P.S.N.	(5.1) Code	(5.2) Code	(5.3) Code	(5.4)	(5.5) Code

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

SECTION	-5: CURRENT ACTIV	TTY OF ALL HOUSEHOLD MEMBERS	5 (10 Years of Age and Over)
Transfer all persons' serial numbers	Do/Does you Name continue to receive an income from	What was employment status? (Read all the options to the respondent)	What was main occupation, e.g. what was the nature of work thatdid?
10 years of age & over as per Col. 4.1 & 4.6 having code 1 under column 5.1	(you/his/her job/ business/own agriculture farm enterprise during the absence?	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	(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.
or 5.2 or 5.3.	1. Yes 2. No. 3. Don't know	05. Employer 06. Own account worker (Agriculture) 07. Own account worker (non-agriculture) 08. Owner cultivator 09. Share cropper 10. Contract cultivator	 ii) Please give full description alongwith 4-digits code for main occupation as per detail given in Annex-A Manual of Instructions.
		11. Contributing family worker (Agriculture) 12. Contributing family worker (nonagriculture) 13. Member of a producer's cooperative 14. Other (Specify)	
P.S.N.	(5.6) Code	(5.7) Code	(5.8) Code

SECTION	-5: CURRENT ACTIVITY O	F ALL HO	USEHOLD MEMBER	RS (10 Years of	f Age and Over)	
Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 1 under column 5.1 or 5.2 or 5.3.	What was the nature of work destablishment such as shop, farm, service establishment mobile), office/institutionworked? i) In case of establishment agriculture, hunting & relativities: forestry, logging services activities: fishing, openhatcheries, fish farm & service incidental to fishing then Skip to ii) Please give full description along code for main industry as per de Annex-B Manual of Instruction	business, (fixed or where. engaged in ted services & related ation of fish tes activities o Col.5.14. with 4-digits tail given in	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)	ode	(5.10) Code	(5.11) Code	(5.12) (Number of Persons)	(5.13) Code

SECTION	all where didn't was from many hours did work each day during the last week at his/her main															
Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 1 under column 5.1 or 5.2 or 5.3.	carry out the work? (Read at the options to the respondent). 1. At his/her own dwelling	the location of work place? vn 1. Rural or g 2. Urban r's ad	In rec	case orded for A: If B: If	did n or that p had a jou	ot wor particu ob or en	k on a lar day terprise	any par as per on that	rticular detail day and at partic	day code given belo d did not w ular day bu	e A or B ow: ork it available	or C she	ould be			
P.S.N.	(5.14)	(5.15)	(5.16) (Hours Worked) (5.16.1) (5.16.2) (5.16.3) (5.16.4)													
	Code	Code	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours	Total As	Total Bs	Total Cs			
				1												
				1												
				1												

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. In addition What was What subsidiary What was the nature of work done What kind of was..... Transfer to the main employment status? by the establishment such as shop, enterprise? occupation e.g. what was the occupation, (Read all the options business. farm. service nature of works thatdid? person's did...also to the respondent) establishment (fixed or mobile), 01. Federal Govt. work in any serial office/institution where... worked? (Skip to Col.5.25) numbers subsidiary 02. Provincial Govt. 01. Regular paid occupation 10 years i) In case of establishment engaged in (Skip to Col.5.25) employee with fixed i) If a person is engaged in more than of age & last week? agriculture, hunting & related 03. Local body Govt. one subsidiary occupations: then over as services activities: forestry, logging & related services 02. Casual paid employee consider the one in which the (Skip to Col.5.25) per Col. 1. Yes 03. Paid worker by piece 4.1 & 4.6 person spent more hours 04. Public enterprise rate or work activities: fishing, operation of having 2. No (Skip (Corporation performed fish hatcheries, fish farm & act of national or to Col. code 1 04. Paid non-family Pleasegive full description services activities incidental to provincial under 5.27) apprentice 4-digits code for alongwith (Skip 05. Employer assembly) column fishing then Skip to Col.5.25 subsidiary occupation as per detail 06. Own account worker to Col.5.25) 5.1 or given in Annex-A Manual of (Agriculture) 5.2 ii) Please give full description 05. Public limited or 07. Own account worker Instructions company (Skip alongwith 5.3. 4-digits code for (Non-agriculture) to Col.5.25) subsidiary industry as per detail 08. Owner cultivator given in Annex-B Manual of 09. Share cropper Private limited 10 Contract cultivator Instructions. company (Skip 11. Contributing family to Col.5.25) worker (Agriculture) 07. Cooperative 12. Contributing family society/UN worker (Nonagency/Embassy Agriculture) (Skip to Col.5.25) 13. Member of a producer's 08. Individual cooperative ownership 14. Other (Specify) 09. Partnership 10. Other (Specify) P.S.N. (5.17)(5.19)(5.20)(5.18)(5.21)Code Code Code Code Code

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

Col.5.18 to 5.27 should be asked from all persons reporting subsidiary occupation (i.e. code 1 in Col.5.17).

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

Col.5.18 to 5.27 should be asked from all persons reporting subsidiary occupation (i.e. code 1 in Col.5.17). If the person is engaged in more than one subsidiary occupations then Col. 5.18 to Col. 5.27 should be filled for the one in which the person spent more hours.

	should	l be filled for th	ne one in which	h the	per	son :	spen	t mo	re h	ours	.				
Transfer all person's serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 under column 5.1 or 5.2 or 5.3.	Does the enterprise keep written accounts? 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 sub	/ dui	ring ary (the	patio	weel	k at	k each his/her	mai sub did oth	sidiary jobsperform er job (s)? One job Two or more jobs None	1. S 2. C e e e 3. E o o 4. C w w k k 6. N	rorker in the ame kind of ctivity own account rorker in other ind of activity fot working Don't know
P.S.N.	(5.22)	(5.23)	(5.24)		(5.25	(He	ours	Wor	ked)		(5.25.1)		(5.26)		(5.27)
	Code	(Number of Person)	Code	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours	(8.20)			Code
												_			

SECTION-6:	UNDEREMPLOYMENT			
Transfer all person's serial	If total of Col. 5.16.1 and 5.25.1 is less than 35, then why	For all employed p 5.2 or 5.3.	ersons having code	e '1' in column 5.1 or
numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 in column 5.1 or 5.2 or 5.3.	did work less than 35 hours during last week? 01. Normally works the same number of hours 02. Illness or injury 03. Long term disability 04. Strike or lockout 05. COVID-19 06. Holiday, ramzan, vacation or leave of absence 07. Off-season inactivity 08. Due to bad weather 09. Due to mechanical or electrical breakdown 10. Due to shortage of raw materials or fuel 11. Educational and training leave 12. Maternity or parental leave 13. Other reasons i.e. reductions in economic activity such as: lower production due to less demand; or shortage of irrigation water; or load shedding (gas or electricity) (Specify). 14. Other voluntary or personal reasons, e.g. religious or social activities or attended political gathering (Specify). 15.Other involuntary reasons such as unable to find/get more hours of work due to law and order situation etc. (Specify)	Would want to work more hours than he/she worked in the last week, provided the hours are paid? 1. Yes 2. No	Did Looking for any additional work last week? 1. Yes 2. No (Skip to Section 7)	If code '1' in Col 6.3, then why did Look for an additional work? 1.Present job is temporary 2. To have a better paid job 3. To have more business 4. To work more hours 5. To better match skills 6. To work closer to home 7. Other (Specify)
P.S.N.	(6.1) Code	(6.2) Code	(6.3) Code	(6.4) Code

		For	· perso	ons w	ho we	ere giv	ven c	odes 1	to 4	in C	ol. 5.7	,										For self employed (persons with code 05 to 10 or 13 or 14 in Col. 5.7).
Transfer all person's serial numbers 10 years of age & over as per Col.4.1 & 4.6 having code 1 to 10 or 13 or 14 as per Col.5.7	What was the status of job's written contract/ agreement between the employee and the employer? 1. Permanent/ pensionable Job 2. Less than 1 year contract 3. Up to 3 years contract 4. Up to 5 years contract 5. Up to 10 years contract 6. 10 Years and more contract 7. Without contract/	Atmain work, what is the periodicity of payment? 1. Daily 2. Weekly 3. Fortnightl y (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 moneea the inlast w Cash R Kind (or housin, transpor market (For an to Col.	y nrn main veek? ds. includin sub g, ort etc value) ny entr	ng free sidized food, give in Rs.	mone did the in last in Cash F Kind free cohousin transport	free or subsidized housing, food, transport etc. give market value) in the year) quarterly or adhoc basis, calculate for the year) 04 Disability insurance/ social insurance 05. Medical facilities 06 Marriage Grant							of nal	How much net money did earr during last year from own business/ agriculture farm?							
P.S.N.	(7.1)	(7.2)		(7.3)			(7.4)			(7.5)		(7.6) Code								(7.7) Amount		
	Code	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	90	07	08	60	10	

SECTIO	N- 8: OCCUPA	TIONA	L INJ	URIE	S/DISI	EASES	S (All E	Employ	ed Per	sons)							
		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												5			
Transfer all	In the past 12																
person's	months,	8.1		•				•		-		• •					
serial	did suffer																
numbers	any occupational	What	was	the	Did	receive		What	were	the	How s	oon was	able	Did	receive		
10 years of age &	injury/disease	unsaf	e act	that	treatr	nent	for	unsafe	e cond	litions	to s	go bac	ck to	any	injury		
or age &	that caused to	cause	d	the	injury	y/ disea	se or	causin	ıg	the	work/r		normal		pensation		
per	take time off	accid	ent/dise	ase?	have	to tak	e any	accide	nt/disea	ase?	activiti	es afte	er the		cash/ in from the		
Col.4.1 &	work and/or				time	off	work				accide	nt/disease	?	-	loyer?		
4.6	consulted a		perating		becau	se of	it?	01. Ung		or				CIIIp	iojei.		
having	doctor?		thout aut		(Pleas		clude	02. De	lequately (fective	guarded tool,		not at v					
code 1 in			cess spec	ea	_	me off			ipment	or		resumed vities	normal				
5.1 or 5.2	1. Only one		ilure of	safety	_	natter		ma	terial			never be a	able to go	1. `	l. Yes		
or 5.3.			vices		short	it was)			afe des	ign or		to wor	_				
	2. More than one Specify how	05. Us	_	unsafe					struction or illumin	nation	norr	nal activitie	es	2. 1	No		
	Specify how many		uipment	or	1. Hos	pitalized		05. Inac		iution		the same d					
	many		uipment safely		2. Con	sulted	a		tilation			dent/diseas	e				
	3.None (Go to	06. Ta	•	unsafe		or, nui			proper c I footwea		Occi 04 On t	irrea he first day	v after the				
	next person		sition		othe	r n	nedical		n-provisi			dent/diseas					
	or household as the case		sobeying		prof	essional			essary	on or	05. On	the second					
	as the case may be)		struction	a	2 Tool	time of	fwork		tection			accident/dis					
	11111 <i>y</i> 20)	1	ilure to u ovided pe		3.1008	time or	I WOIK		iipment			o 7 days dent/diseas					
			otective	21301141	4. Non	e		08. Poo	or ping	house		15 days					
			uipment						ping opery sur	faces		dent/diseas					
			safe load	ling or					er (Spec			o 22 days					
			cking	1¢				10. 00	ст (Брес	ny)		dent/diseas					
			rong ord pervisor	ier oi								lays to 1 m accident/dis					
			pecify	what								4 months					
			d by who	m)								dent/diseas					
			isafe a	-								7 months					
		1	low em	ployee what								dent/diseas					
			pecify d by who									12 months dent/diseas					
			isafe a	,								't Know.					
		1	tsiders														
			pecify	what													
		1	d by who her (Spe	,													
		13. 00	nei (Spe	city)													
P.S.N.	(8.1)	(Inj	(8.2) ury/dise	ase)	(Inj	(8.3) ury/dise	ase)	(Inj	(8.4) ury/dise	ase)	(I :	(8.5) njury/disea	ase)		(8.6)		
	Code	(8.2.1) 1st	(8.2.2) 2 nd	(8.2.3) 3rd	(8.3.1) 1st	(8.3.2) 2 nd	(8.3.3) 3 rd	(8.4.1) 1st	(8.4.2) 2 nd	(8.4.3) 3rd	(8.5.1) 1 st	(8.5.2) 2 nd	(8.5.3)		Code		
		©	8)	8)	~	8)	8)	8)	8)	*	*)	*	*				
														_			
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SECTION 9: UNEMPLOYMENT											
Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 2 in Col. 5.3	9: UNEMPLA Was (Name) looking for work during the last four week? (as employer or own account worker to establish his/her own business) 1. Yes 2. No (Skip to (Col. 9.4)	What steps did (Name) take during the last fou weeks to look for work? (More than one option 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 enterpris such as a shop, business, farm, or service establishmer (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	(Name) been looking for work? 1. Less than 1 month 2. One month to	At present, does (Name) want to work for pay or start a business? 1. Yes 2. No (Skip to Col. 9.9)	What is the main reason why (Name) did not try to find a paid job or start a business in the last 4 weeks? 1. Already has a job or business to start in the near future 2. Awaiting to be recalled from a previous job 3. Waiting for results from a previous search 4. Waiting for the season to start 5. Tired of looking, no jobs in the area 6. No jobs matching his/her skills, lacks experience 7. Considered too be young/too be old by employers 8. Family does not approve 9. Busy studying or doing apprentice work 10. Busy with household or family responsibilities 11. Busy farming or fishing for household use 12. With a disability, injury or illness 13. Has other sources of income						
P.S.N.	(9.1)	(9.2) Code	(9.3)	(9.4)	14.Other (Specify) (9.5)						
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SECTION 9: UNEMPLOYMENT									
Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 2 in Col. 5.3	How soon would (Name) be available to start working? 1. This week 2. Within the next two weeks 3. After two weeks only (Skip to Col 9.9) 4. Is not available (Skip to Col. 9.9)	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? 01. Illness 02. Will take a job within a month 03. Temporarily laid off 04. Apprentice and not willing to work 05. Agricultural landlord/ property owner and not willing to work (Go to next person) 06. Too young to work 07. Student and not willing to work 08. Retired and not willing to work 10. Unable to work/ handicapped 11. Housekeeping and not willing to work 12. Family does not allow to work 13.Other reason	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. 9.17)				
DCM	(0.6)	(0.7)	(0.9)	<i>J</i>					
P.S.N.	(9.6) Code	(9.7) Code	(9.8) Code	(9.9) Code	(9.10) Code				

Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 01-05 Transfer all person's in the last 12 months? What was main occupation, in other words, what was the nature of work done by enterprise such as shop, business, fa service establishment (fixed or mobilistic office/institution whereprevious worked? Please give full description alongwith 4-digits code for main occupation as per detail given in Annex-A Manual of Instructions. Please give full description alongwith 4-digits code for main occupation as per detail given in Annex-A Manual of Instructions.	SECTION 9: UNEMPLOYMENT											
	Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 01-05 in Col 9.8 or code 01 to 04 in	Did work in the last 12 months? 1. Yes 2. No.(Skip to	What was main occupation, in other words, what was the nature of work previously did? Please give full description alongwith 4-digits code for main occupation as per detail given in Annex-A Manual of				at	worked? Please give full description alongwith 4-digits code for main industry as per detail given in				
Code Code Code	P.S.N.	(9.11)		(9.12)					(9.13)			
		Code				Co	de					
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SECTION 9: UNEMPLOYMENT										
Transfer all person's serial numbers 10 years of age & over as per Col. 4.1 & 4.6 having code 01-05 in Col 9.8 or code 01 to 04 in Col. 9.9.	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)	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	(9.16) Code	(9.17) Code						