



SAINT LUCIA

LABOUR FORCE SURVEY

QUESTIONNAIRE



Place an X in the
box for multiple
choice options



DISTRICT

HOUSEHOLD NO

SUB-SAMPLE

ENUMERATION DISTRICT



LABOUR FORCE SURVEY
QUESTIONNAIRE

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FOR THE WEEK ENDING

		/			/		
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Place an X in the
box for multiple
choice options



The information that you give in this questionnaire will be treated confidentially and will be used by the Central Statistical Office to produce aggregate tabulations. Information on individuals will not be disclosed.

IDENTIFICATION

Address of Household _____

Community _____

Town/Village _____

District/Parish _____

Phone Number

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Contact Person: _____

Number of persons in this household

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How many persons in this household left St. Lucia
to live abroad in the 12 month period preceding
.../.../...?

Male Female

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Total

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Place an X in the
box for multiple
choice options



Place an X in the
box for multiple
choice options





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INTERVIEWER SAY: I am the Labour Force Survey Interviewer assigned to this area and I would like to get some information about this household and its members. Here is my identification card. (Show card)

RECORD OF VISITS

Interviewer	1	2	3	4
Date				
Time				
Time Ended				
Duration				
Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Results: 1 = Completed
2 = Partially completed, call back
3 = Dwelling Closed
4 = Dwelling Vacant
5 = No Contact
6 = Refusal
7 = No suitable respondent at home
8 = Unable to find address
9 = Other (please specify) _____

SURVEY SUPERVISOR

NAME

DATE

FIELD SUPERVISOR

NAME

DATE

INTERVIEWER

NAME

DATE

EDITOR/VERIFIER

NAME

DATE

EDITOR/VERIFIER

NAME

DATE



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PART 1: TO BE COMPLETED FOR ALL MEMBERS OF THE HOUSEHOLD

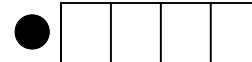
PERSON NUMBER	1. NAME OF PERSON What are the names of all those who slept four or more nights and shared at least one daily meal in this dwelling during the week ending .../.../.../? ENTER SURNAME FIRST	2. RELATIONSHIP TO HEAD OF HOUSEHOLD What is your relation to the head of the household? 1. Head 2. Spouse 3. Child 4. Parent 5. Other Relative 6. Employee 7. Non-relative 9. Other	3. SEX What is your (...s) sex? 1. Male 2. Female	4. STATUS What is your (...s) place of birth IF RESPONSE IS ST. LUCIA GO TO QU.6 WRITE IN COUNTRY NAME	5. MIGRATION How many months have you lived in St. Lucia before the week ending .../.../...?	6. Age What was your (...s) age at last birthday? ENTER FULL AGE OR 98 FOR AGE MORE THAN OR EQUAL TO 98 (may use age flash card)
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END OF INTERVIEW FOR PERSONS UNDER 15 YEARS

END OF INTERVIEW FOR PERSONS UNDER 15



**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER****DETERMINATION OF EMPLOYMENT STATUS - EDUCATION & TRAINING**

PERSON NUMBER	7. EDUCATIONAL ATTAINMENT	8. EDUCATIONAL QUALIFICATION	9. TRAINING RECIEVED	10. METHOD OF TRAINING	11. TYPE OF TRAINING
	What is the highest level of education that you have (.....has) attained? 1. None 2. Complete Primary 3. Incomplete Primary 4. Complete Secondary 5. Incomplete Secondary 6. Tertiary 7. University 8. Other	What is the highest level/type of examination that you have (.....has) passed? 1. None 2. Common Ent. 3. GCE/CXC 1-2 4. GCE/CXC 3-4 5. GCE/CXC 5+ 6. GCE A: 1-2 7. GCE A: 3+ 8. Dip/Degree 9. Std. 6 10. Other	Have you (has ...) recieved training for any occupation? 1. Yes 2. No (Go to Q12)	How did you (...) acquire most of this training? 1. Apprenticeship 2. On the job 3. Correspondence Course 4. Virtual/Internet Learning 5. Private Study 6. Institution Full Time 7. Institution Part Time 8. Other	For what main occupation were you (was) trained? GIVE FULL DESCRIPTION OF OCCUPATION BELOW

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PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER

DETERMINATION OF EMPLOYMENT STATUS - ECONOMIC ACTIVITY

PERSON NUMBER	12. PAST ECONOMIC ACTIVITY During the past 12 months, how many weeks were you (was...) 1. Working 2. Without work, wanting and available for work 3. Without work, not wanting work and/or not available for work? (see below)	13. To which of the following groups did you (...) belong? 1. Student 2. Housewife/homemaker 3. Reciever of income from abroad 4. Retired, old age 5. Disabled 6. Other - Please specify _____	14. ECONOMIC ACTIVITY Did you work for pay, profit or family gain, during the week ending.../.../...? NB. Domestic work at home is excluded 1. Yes (go to PART 3, Q.21) 2. No	15. TEMPORARY ABSENCE Did you (...) have a job or business from which you were (... was) absent during the week ending <div style="text-align: right;">.../.../... ?</div> 1. Yes 2. No (go to Q.17)
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**IF 3 IS GREATER THAN 26 WEEKS, CONTINUE.
IF NOT, GO TO QU. 14**

Note: Work includes: Work for payment in kind.

ANSWERS IN WEEKS

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**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER****DETERMINATION OF EMPLOYMENT STATUS - ECONOMIC ACTIVITY**

PERSON NUMBER	16. WHY ABSENT	17. WANTING WORK	18. SEEKING WORK
	Why were you (was...) absent from work during week ending .../.../...?	Did you (...) want to work during week ending .../.../...?	What steps did you take during the last four weeks to look for work?
	1. Vacation 2. Maternity Leave 3. Sick leave 4. Temporary Lay-off 5. Other. Please specify	1. Yes 2. No (go to PART 5 QU.51) 3. Have Job(Go to Q21)	1. Nothing (GO TO QU.19)* 2. Register at a public employment exchange 3. Register at a private employment exchange 4. Direct application 5. Checking at work sites, farms factory gates, markets etc. 6. Answering newspaper advertisement 7. Seeking assistance of friends, relatives, colleagues, unions etc 8. Looking for land, building, etc to establish own business 9. Arranging for financial resources, applying for permits, licenses 10. Other

IF RESPONSE IS 1,2,3
OR 4 GO TO PART 3
QU. 21

* IF RESPONSE IS 1, CONTINUE. IF NOT GO TO QU. 20

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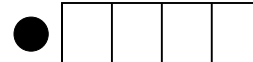
**PART 2: TO BE COMPLETED FOR PERSONS 15 YEARS OF AGE AND OLDER****DETERMINATION OF EMPLOYMENT STATUS - ECONOMIC ACTIVITY**

PERSON NUMBER	19. NOT SEEKING WORK	20. CURRENT AVAILABILITY
	<p>Why did you (...) not seek work during that period?</p> <p>1. Own illness, injury, pregnancy 2. Personal, family responsibilities 3. In school, training 4. Already found work to start later 5. Already made arrangements for self employment activities 6. Awaiting recall to former job 7. Awaiting replies from employers 8. Awaiting busy season</p> <p>9. Believe no suitable work available 10. Believe no financial resources, land, equipment permits etc. available to start own business 11. Lack employer's requirements 12. Could not find suitable work 13. Do not know how or where to seek work 14. Not yet started to seek work</p>	<p>If you (...) had been offered a job or had an opportunity to work during last week which of the following reasons would have prevented you (...)?</p> <p>1. In school, training * 2. Retirement/old age * 3. Illness/disability * 4. Household/family duties * 5. Other. Please specify (go to PART 4, Q.43) 9. Nothing (go to PART 4, Q.43)</p>

*** GO ON TO PART 5, QU.51**

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**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

PERSON NUMBER	21. MULTIPLE JOB HOLDING Did you (...) have more than one job, enterprise or activity during the week ending .../.../...? 1. Yes (go to PART 3A, QU.32) 2. No	22. USUAL HOURS OF WORK How many hours do you (does...) usually work per week? ENTER NUMBER OF HOURS BELOW.	23. ACTUAL HOURS How many hours did you work during the week ending .../.../...? ENTER NUMBER OF HOURS BELOW.	24. REASON FOR DIFFERENCE IN HOURS WORKED What is the reason for the difference in hours worked? 1. actual = usual actual greater than usual actual less than usual 11. Overtime work 12. Other reason. specify 2. Own illness 6. Strike, lock-out 3. Holiday/vacation 7. Job started/ended in reference week 4. Personal/family 8. Reduction in economic activity Responsibilities 9. Temporary disorganisation 5. In school training 10. Other reason. specify _____	INTERVIEWER NOTE Are actual hours worked at Qu. 23 greater than or equal to 35? 1. Yes (go to Q26) 2. No (go to Q25)
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**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

PERSON NUMBER	25. REASON FOR WORKING LESS THAN 35 HOURS	26. SEEKING/ AVAILABLE FOR ADDITIONAL WORK	27. STATUS IN EMPLOYMENT
	<p>What is the MAIN reason why you (. . .) worked less than 35 hours during the week ending.../.../...?</p> <div> <div> 1. Own illness, injury 2. Holiday, vacation 3. Personal, family responsibilities 4. In school, training 5. Did not want more work 6. Full time work is less than 35 hours a week </div> <div> 7. Strike, lock-out 8. Job started/ended within reference period 9. Reduction in economic activity 10. Temporary disorganisation/suspension from work 11. Could not find more work 12. Other specify_____ </div> </div>	<p>Did you (...) seek or were you (was...) available for additional work during the last four weeks?</p> <div> 1. Yes 2. No </div>	<p>What category of worker are you (is...) in your (his/her) job?</p> <div> 1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Apprentice 5. Unpaid family worker Go to Q27B 6. Self-employed with employee 7. Self-employed without employee 8. Member of Production Cooperative 9. Other, specify </div>

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PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK

PERSON NUMBER	27A. ACCOUNTS	(For employees only)			
	27B. EMPLOYMENT CONTRACT	27C. DURATION	27D.	27E. PAY SLIP	
	What kind of accounts do you keep for this activity/business? 1. Complete set of written accounts 2. Simplified written accounts 3. Only through informal records of orders, sales, purchases 4. No records are kept. [After this question, SKIP to Q27L]	Were you... employed on the basis of a contract or agreement (including verbal agreements)? 1. Yes, Written contract 2. Yes, Verbal agreement	Is your/..... contract or agreement of a limited duration? 1. Yes 2 No, permanent or without time limit If (2) Go to 27H	What is the duration of your contract or agreement? 1. Daily contracts/agreements 2. Less than 1 month 3. 1 to <3 months 4. 3 to <6 months 5. 6 to <12 month 6. More than 12 months	Do you get a pay slip for this job? 1. Yes 2. No

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PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK

PERSON NUMBER	(For employees only)					
	27F. How many contracts have you renewed with your current employer in the past six months? 1. First Contract 2. Two or more consecutively 3. Two or more not consecutive	27G. How long have you/ been employed by your current employer based on a fixed term contract? 1. Less than 6 months 2. 6 months less a year 3. 1 year less 2 years 4. 2 years less 3 years 5. 3 or longer	27H. Do you benefit from A. paid annual leave B. compensation for unused leave? 1. Yes... 2. No. 3. I don't know	27I. Would you benefit from paid sick leave in case of illness? 1. Yes 2. No 3. I don't know	27J. If you wished to have a baby, would you benefit from a maternity leave with pay? 1. Yes, sure 2. Possibly 3. No 4. I don't know 5. It doesn't apply	27K. Are you employed in a private household? (Examples: guard, cook, housekeeper, gardener) 1 Yes (go to ...) 2 No

(X No, if employed in a business, government or non-governmental)

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**PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK**

PERSON NUMBER	28. OCCUPATION What is your (...) job title? GIVE BRIEF DESCRIPTION OF MAIN DUTIES	29. INDUSTRY What is the name of the business where you work? What type of activity is carried on there?	30. JOB TURNOVER How long ago did you start working in this job? 1. Less than 6 months 2. 6 months but less than 1 year 3. 1 year but less than 5 years 4. 5 years but less than 10 years 5. Ten years or more <i>NB: For an employer substitute the word job for business</i>	31. INCOME What is your (...) gross monthly income from employment? SHOW FLASH CARDS
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**END OF INTERVIEW FOR PERSONS EMPLOYED AND HOLDING ONE JOB -
GO TO HOUSING SECTION H1, PAGE 20**



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PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK

PERSON NUMBER	31A. What is the type of ownership at the enterprise where you/..... are employed?	31B. REGISTRATION	31C. TYPE OF REGISTRATION										
	<u>Public owned</u> 1. Government (central/local) 2. Statutory body <u>Privately owned</u> 3. A corporate business, company ((un)limited) 4. A Cooperative 5. Business owned by a person, family or group 6. Other non-governmental private organization	Is the enterprise in which you work registered in any national/state or local government agency? 1. Yes 2. In the process of being registered 3. Don't know 4. No [go to Q31D]	Under which form(s) is the enterprise registered? <table border="1"> <tr> <th>1. Inland Revenue?</th> <th>2. Business registration at the Registrar?</th> <th>3. Business certificate given by the Ministry of Commerce?</th> <th>d. National Insurance Corporation?</th> </tr> <tr> <td> 1. Yes 2. No 3. Don't know </td> <td> 1. Yes 2. No 3. Don't know </td> <td> 1. Yes 2. No 3. Don't know </td> <td> 1. Yes 2. No 3. Don't know </td> </tr> </table>				1. Inland Revenue?	2. Business registration at the Registrar?	3. Business certificate given by the Ministry of Commerce?	d. National Insurance Corporation?	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know
1. Inland Revenue?	2. Business registration at the Registrar?	3. Business certificate given by the Ministry of Commerce?	d. National Insurance Corporation?										
1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know										

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**END OF INTERVIEW FOR PERSONS EMPLOYED AND HOLDING ONE JOB -
GO TO HOUSING SECTION H1, PAGE 20**



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PART 3: TO BE COMPLETED FOR PERSONS EMPLOYED DURING THE REFERENCE WEEK

PERSON NUMBER	31D. Where is/was this enterprise, business or farm located?	31E. SIZE	31F. WAGE EARNERS	31F. PRODUCTS DESTINATION
	1. In a fixed factory, office 2. In a fixed shop, store 3. In some other fixed, specialised business premise 4. In a market place licensed stall (where goods are removed each day) 5. In your or the business owner's home, without separate workspace 6. In your or the business owner's home, but a separate workspace (whether inside or attached to the home) 7. On the side walk of the street or public space (not an official market) 8. On an empty, private lot 9. As a moving vendor 10. In a taxi/bus 11. In a farm or agricultural plot 12. In a construction site 13. Other (specify) 99. Unknown	How many persons (including yourself) usually work in the business where you work? 1. only one 2. 2-5 3. 6-9 4. 10- 49 5. 50 or more	How many of them are paid employees (including apprentices)? (actual number)	Does the business where you work sell at least a part of its goods or services? 1. Yes 2. No

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**END OF INTERVIEW FOR PERSONS EMPLOYED AND HOLDING ONE JOB -
GO TO HOUSING SECTION H1, PAGE 20**

**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK****INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	35. REASON FOR WORKING LESS THAN 35 HOURS	36. SEEKING/ AVAILABLE FOR ADDITIONAL WORK	37. STATUS IN EMPLOYMENT
	What is the MAIN reason why you (. . .) worked less than 35 hours during the week ending.../.../...?	Did you (...) seek or were you (was...) available for additional work during week ending .../.../...?	What category of worker are you (is...) in your (his/her) job?
	1. Own illness, injury 2. Holiday, vacation 3. Personal, family responsibilities 3. In school, training 4. Did not want more work 5. Full time work is less than 35 hours a week 7. Strike, lock-out 8. Job started/ended within reference period 9. Reduction in economic activity 10. Temporary disorganisation/suspension from work 11. Could not find more work 12. Other specify _____	1. Yes 2. No	1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Apprentice 5. Unpaid family worker Go to Q37B 6. Self-employed with employee 7. Self-employed without employee 8. Member of Production Cooperative 9. Other, specify

			MAIN JOB	SECOND JOB
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PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK**INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	37A. ACCOUNTS What kind of accounts do you keep for this activity/business? 1. Complete set of written accounts 2. Simplified written accounts 3. Only through informal records of orders, sales, purchases 4. No records are kept. [After this question, SKIP to Q37L]	(For employees only)		
		37B. EMPLOYMENT CONTRACT Have you been employed on the basis of a contract or agreement (including verbal agreements)? 1. Written contract or agreement 2. Verbal agreement	37C. DURATION Is your contract or agreement of a limited duration? 1. Yes 2 No, permanent or without time limit Go to 37H	37D. What is the duration of your contract or agreement? 1. Daily contracts/agreements 2. Less than 1 month 3. 1 to 2 months 4. 3 to 6 months 5. 7 to 12 month 6. More than 12 months

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**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK****INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	(For employees only)						
	37F.	37G.	37H.	37I.	37J.	37K.	37L.
	Have you renewed two or more consecutive contracts with your current employer in the past six months? 1. Yes 2. No Go to 37H	How long has your current employer employed you on one or more consecutive, fixed term contracts? 1. Less than 6 months 2. 6 months less a year 3. 1 year less 2 years 4. 2 years less 3 years 5. 3 or longer	Do you benefit from paid annual leave or compensation for unused leave? 1. Yes... 2. No. 3. I don't know	Would you benefit from paid sick leave in case of illness? 1. Yes 2. No 3. I don't know	If you wished to have a baby, would you benefit from a maternity leave? 1. Yes, sure 2. Possibly 3. No 4. I don't know 5. It doesn't apply	Are you employed in a private household? (Examples: guard, cook, housekeeper, gardener) 1 Yes (go to ...) 2 No	Do you receive or are you entitled to employment related insurance benefits? 1. Yes, from the national Insurance 2. Yes from an Insurance other than NIS 3. No 4. I don't know

(Tick No, if employed in a business, government or non-governmental)

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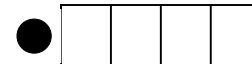


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PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK**INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	38. OCCUPATION What is your (...) job title? GIVE TITLES FOR BOTH THE MAIN JOB AND THE SECOND JOB	39. INDUSTRY What is (are) the name(s) of the business(es) where you (...) work? What type of activity is carried on there? GIVE TITLES FOR BOTH THE MAIN JOB AND THE SECOND JOB

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	second	second
02	main	main
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03	main	main
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**PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK****INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	40. JOB TURNOVER	41. INCOME	42. REASON FOR MULTIPLE JOB HOLDING
	How long ago did you start working in this job*? 1. Less than 6 months 2. Six months but less than one year 3. One year but less than five years 4. Five years but less than ten years 5. Ten years or more <i>NB: For an employer substitute the word job for business</i>	What is your (. . .)'s gross monthly income from employment for your main job and other jobs? SHOW FLASH CARDS	What is the main reason for you (. . .) holding more than one job? 1. Additional income needed 2. Starting own business 3. Hobby 4. Other specify.

	MAIN JOB	SECOND JOB		MAIN JOB	SECOND JOB	
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END OF INTERVIEW FOR MULTIPLE JOB HOLDERS - GO TO HOUSING SECTION H1, PAGE 20

PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK**INFORMATION ON MULTIPLE JOB HOLDERS**

PERSON NUMBER	42A. What is ownership form of the business or organisation, where you worked?	42B. REGISTRATION	42C. TYPE OF REGISTRATION			
		Is the enterprise in which you work registered in any national/state or local government agency?	Under which form(s) is the enterprise registered?			
	<u>Public owned</u> 1. Government (central/local) 2. State enterprise or public body <u>Privately owned</u> 3. A corporate business, company ((un)limited) 4. A Cooperative 5. Business owned by a person, family or group 6. Other non-governmental private organization	1. Yes 2. In the process of being registered 3. Don't know 4. No [go to Q42D]	1. Inland Revenue? 1. Yes 2. No 3. Don't know	2. Business registration at the Registrar? 1. Yes 2. No 3. Don't know	3. Business certificate given by the Ministry of Commerce? 1. Yes 2. No 3. Don't know	d. National Insurance Corporation? 1. Yes 2. No 3. Don't know

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**END OF INTERVIEW FOR PERSONS EMPLOYED AND HOLDING ONE JOB -
GO TO HOUSING SECTION H1, PAGE 20**



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PART 3A: FOR THOSE HOLDING MORE THAN ONE JOB DURING THE REFERENCE WEEK
INFORMATION ON MULTIPLE JOB HOLDERS

PERSON NUMBER	42D. Where is/was this enterprise, business or farm located?	42E. SIZE	42F. WAGE EARNERS
	1. In a fixed factory, office 2. In a fixed shop, store 3. In some other fixed, specialised business premise 4. In a market place licensed stall (where goods are removed each day) 5. In your or the business owner's home, without separate workspace 6. In your or the business owner's home, but a separate workspace (whether inside or attached to the home) 7. On the side walk of the street or public space (not an official market) 8. On an empty, private lot 9. As a moving vendor 10. In a taxi/bus 11. In a farm or agricultural plot 12. In a construction site 13. Other (specify) 99. Unknown	How many persons (including yourself) usually work in the business where you work? 1. only one 2. 2-5 3. 6-9 4. 10- 49 5. 50 or more	How many of them are paid employees (including apprentices)? (actual number)

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**END OF INTERVIEW FOR PERSONS EMPLOYED AND HOLDING ONE JOB -
GO TO HOUSING SECTION H1, PAGE 20**

**PART 4: TO BE COMPLETED FOR UNEMPLOYED PERSONS**

PERSON NUMBER	43. LENGTH OF UNEMPLOYMENT How long have you (has ...) been without work and available for work? 1. Less than 1 month 2. One to three months 3. Four to six months 4. More than six months	44. EVER WORKED Have you (has ...) ever worked or had a job? 1. Yes 2. No(GO TO QU.49)	45. WHY STOP WORKING Why did you (...) stop working? 1. Lost job 2. Job completed 3. Resigned to study 4. Resigned to take care of children 5. Retrenched 6. Business failed 7. Moved to new area 8. Other . Specify	46. STATUS IN EMPLOYMENT What category of worker were you (is...) in your (his/her) last job? 1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Self-employed with employee 5. Self-employed without employee 6. Unpaid family worker 7. Apprentice 8. Member of Production Coop 9. Other, specify	47. OCCUPATION What was your (...)'s) job title? GIVE BRIEF DESCRIPTION OF MAIN DUTIES
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PART 4: TO BE COMPLETED FOR UNEMPLOYED PERSONS

PERSON NUMBER	48. INDUSTRY	49. LAST LOOK FOR WORK	50. FINANCIAL SUPPORT
	What is the name of the business where you (. . .) last worked? What type of business activity was carried on there?	When last did you (. . .) actively look for work? 1. Never looked 2. Less than one month 3. One month but less than three months 4. Three months but less than six months 5. Six months and more	What was your main source of financial support during the week ending . . . / . . . / . . . ? 1. Parent/Guardian 2. Spouse/Partner 3. Money from abroad 4. Savings/investment/pension 5. Friend/relative in St. Lucia 6. Social Security 7. Other. Please specify

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END OF INTERVIEW FOR PERSONS NOT EMPLOYED - GO TO HOUSING SECTION H1, PAGE 20

END OF INTERVIEW FOR PERSON NOT EMPLOYED - GO TO HOUSING SECTION H1, PAGE 20

**PART 5: FOR PERSONS NOT IN THE LABOUR FORCE DURING THE REFERENCE WEEK**

PERSON NUMBER	51. EVER WORKED	52. LAST WORKED	53. STATUS IN EMPLOYMENT	54. OCCUPATION
	Have you (has . . .) ever worked either for others or in your (his/her) own business?	How long ago did you (. . .) stop working?	What category of worker were you (was...) in your (his/her) last job?	What is your (...s) job title?
	1. Yes 2. No (go to Qu56)	1. Less than one month 2. One month but less than two mths 3. Two but less than 3 months 4. Three but less than six months 5. Six months to one year 6. More than one year	1. Central Government Employee 2. Employee of statutory board 3. Private employee 4. Self-employed with employee 5. Self-employed without employee 6. Unpaid family worker 7. Apprentice 8. Member of Production Cooperative 9. Other, specify	GIVE BRIEF DESCRIPTION OF MAIN DUTIES

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05	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	
06	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	
07	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	
08	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9	





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PART 5: FOR PERSONS NOT IN THE LABOUR FORCE DURING THE REFERENCE WEEK

PERSON NUMBER	55. INDUSTRY	56. FINANCIAL SUPPORT	57. FUTURE LABOUR FORCE PARTICIPATION
	What is the name of the business where you (. . .) last worked? What type of business activity is carried on there?	What was your main source of financial support during the week ending . . . / . . . / . . . ? 1. Parent/Guardian 2. Spouse/Partner 3. Money from abroad 4. Savings/investment/pension 5. Friend/relative in St. Lucia 6. Social Security 7. Other. Please specify	Do you (does . . .) expect to seek and/or be available for work, or start own business within the next six months? 1. Yes 2. No

01		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
02		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
03		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
04		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
05		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
06		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
07		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2
08		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2

END OF INTERVIEW FOR PERSONS NOT IN THE LABOUR FORCE - GO TO HOUSING SECTION, H1, PAGE 20

**END OF INTERVIEW FOR PERSONS NOT IN THE LABOUR FORCE
GO TO HOUSING SECTION H1, PAGE 20**



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H1 What type of dwelling does this household occupy?

- | | |
|---|---|
| <input type="checkbox"/> 1 Undivided private house | <input type="checkbox"/> 5 Double house/Duplex |
| <input type="checkbox"/> 2 Part of a private house | <input type="checkbox"/> 6 Combined business & dwelling |
| <input type="checkbox"/> 3 Flat, apartment, condominium | <input type="checkbox"/> 7 Barracks |
| <input type="checkbox"/> 4 Townhouse | <input type="checkbox"/> 8 Other |

H2 What is the construction material of the outer walls?

- | | |
|---|---|
| <input type="checkbox"/> 1 Wood/Timber | <input type="checkbox"/> 5 Brick/Blocks |
| <input type="checkbox"/> 2 Concrete/Concrete Blocks | <input type="checkbox"/> 6 Plywood |
| <input type="checkbox"/> 3 Wood & Concrete | <input type="checkbox"/> 8 Other/Don't Know |
| <input type="checkbox"/> 4 Stone | |
| <input type="checkbox"/> 7 Makeshift (Specify.....) | |

H3 Does this household own, rent or lease this dwelling?

- | | |
|---|--|
| <input type="checkbox"/> 1 Owned (with mortgage) | <input type="checkbox"/> 6 Leased to own |
| <input type="checkbox"/> 2 Owned (Without mortgage) | <input type="checkbox"/> 7 Provided Rent-free |
| <input type="checkbox"/> 3 Rented-Furnished Go to H5 | <input type="checkbox"/> 9 Other (please specify.....) |
| <input type="checkbox"/> 4 Rented-Unfurnished Go to H5 | <input type="checkbox"/> 8 Squatted |

H4 How much rent would you charge monthly if you were to rent this accommodation?

\$

 ,

 EC

H5 How much rent do you / does . . . pay for this accommodation per month?

\$

 ,

 EC

H6 How many rooms/bedrooms does your dwelling unit contain? (Do not count bathrooms, porches, kitchens, laundry rooms, balcony, attic, corridor)**Number of Rooms**

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Number of Bedrooms

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H7 Indicate whether your household owns any of the following items? (Items must be in good working condition and can be owned by any household member)**Select ALL That Apply**

- | | |
|---|---|
| <input type="checkbox"/> 1 Television Set | <input type="checkbox"/> 7 Electric/Gas Stove |
| <input type="checkbox"/> 2 Refrigerator | <input type="checkbox"/> 8 Computer |
| <input type="checkbox"/> 3 Washing Machine | <input type="checkbox"/> 9 Motor Vehicle |
| <input type="checkbox"/> 4 Telephone - LandLine | <input type="checkbox"/> 10 Video/VCR |
| <input type="checkbox"/> 5 Telephone - Cellular | <input type="checkbox"/> 11 Electric Iron |
| <input type="checkbox"/> 6 Internet Access | |

COMMENTS

Please enter below any comments, concerns and difficulties which you think is necessary to bring to the attention of survey organisers. If you are referring to a particular question please enter the number of the question before you comment on it.

